



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
 SUSAN L. HOLT  
 DIRECTOR OF BEHAVIORAL HEALTH  
 PUBLIC GUARDIAN

## Provider Staff Information Form

Program Name: Enter Program Name		Form Completed By: Enter Name	
Program Address: Enter Address		Telephone #: Enter Telephone	E-Mail:

Please list **all** staff/interns/volunteers/contractors working during the review period along with all those who are current.  
 (For additional rows, please use the "+" button to the right of last box)

Staff / Interns / Volunteers / Contractors								
Name (Last, First)	Job Title	Hire Date	Lic/Cert/Reg Organization	Lic/Cert/Reg Number	Expiration Date	Licensed/Certified /Registered/NA	Job Status (staff/intern volunteer/contractor)	Carry a <u>caseload?</u> (Y/N)
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.
		Enter Date	Choose an item.	Enter Number	Enter Date	Choose an item.	Choose an item.	Choose an item.