**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

APPLICATION FOR NON-CREDENTIALED STAFF

*Case Managers, Counselors, etc.*

***NO clinical services are to be provided by these individuals***

Please complete all sections; enter “N/A” if not applicable. Please print or type information.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A - IDENTIFYING Information | | | | | | | | | | | | | |
| Name (Last, First, M.I.): | | | | | | | | | | | | DOB: | |
| Practice Address: | | | | | | | | | | Gender: | | | |
| City, State, ZIP: | | | | | | | | | | | | | |
| Phone: | | | | | | E-Mail Address: | | | | | | | |
| Ethnicity: | | Social Security No.: | | | | | | | Languages spoken fluently besides English: | | | | |
| Previous (Full) Name(s) You’ve Worked Under: | | | | | | | | |
| Clinical Supervisor’s Name & Discipline: | | | | | | | | | | | | | |
| Hire Start Date: | | | | | | | Job Title: | | | | | | |
| Degree or Educational Level: | | | | | | | Organization/Program Name: | | | | | | |
| B - National PROVIDER IDENTIFIER (npi) *– NPI practice address must match provider’s primary practice address* | | | | | | | | | | | | | |
| NPI Number: | | | | | | | For NPI, log on to: <https://nppes.cms.hhs.gov/> | | | | | | |
| c - CONTACT PERSON FOR THIS REQUEST | | | | | | | | | | | | | |
| Name: | | | Phone #: | | | | | | | | Email: | | |
| d – verifications | | | | | | | | | | | | | |
| SAM (formerly EPLS) <https://www.sam.gov/> | | | | | | | | | | | | | |
| LEIE <https://exclusions.oig.hhs.gov/> | | | | | | | | | | | | | |
| MSIL <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp> | | | | | | | | | | | | | |
| Verification of Education | | | | | | | Copy of Resume or Curriculum Vitae | | | | | | |
| Note: *Verifications must be done monthly and should be submitted to the Managed Care Mailbox:* [*mcare@FresnoCountyCA.gov*](mailto:mcare@FresnoCountyCA.gov)*. You must keep documentation to show that this was done for audit purposes.* | | | | | | | | | | | | | |
| **Compliance Office (Samantha Wright) contacted to schedule training: 600-6861** | | | | | | | | | | | | | |
| **For Office Use Only:** | Date Received: | | | | Cost Center: | | | Staff ID Requested: | | | | | Avatar ID: |
| **Please return form via Email to:** [**mcare@FresnoCountyCA.gov**](mailto:mcare@FresnoCountyCA.gov)**. Please direct all questions/inquiries to this Email address.** | | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | | |