**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.

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| 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**. 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****. Please direct all questions/inquiries to this Email address.** |
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