Provider/Staff: _____ Supervisor Completing Form: _____ Date of Request: _____

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

AOD Credentialing Form
Updated FEBRUARY 16, 2024

BHRS AOD Approved By/Date: _____

Email completed form to**:**
☐ HS_BHRS_AODAvatar@smcgov.org

INCLUDE OFFICIAL PRINTOUT OF THE FOLLOWING:
☐ License/Registration/Certification
☐ NPI   ☐ Medicare (PTAN)

Instructions to IT Team for Set up:

Provider/Staff Information:

Name*: _____
     Last   First and Middle

Birthdate: _____   Social Security Number: _____

Work Email: _____   Work Phone: _____

Position: _____   System: ☐ County Staff ☐ Contractor

> ***Licensed / Registered Staff:** NAME EXACTLY as it appears on license/registration at https://search.dca.ca.gov/
>
> ***AOD Credential** NAME EXACTLY as it appears on Credential
>
> ***No License / Not registered:** NAME EXACTLY as it appears at https://nppes.cms.hhs.gov/#/

Supervisor Information:

Direct Supervisor Name: _____   Direct Supervisor Email: _____

Name of Supervisor Completing this Form: _____   Date of Request: _____

Program/Work Site Information:

Agency Name: _____   Program Name: _____
Location/Address: _____   Work Zip Code: _____

AARS (zaodAARS)	Latino Commission (zaodTLC)	Service League (zaodSL)
BAART (zaodBAART)	Our Common Ground (zaodOCG)	Sitike (zaodSIT)
Correctional Health (CHS)	Palm Detox (zaodPALM)	StarVista (zaodSV)
El Centro (zaodEC)	Project-90 (zaodP90)	WRA (zaodWRA)
Free At Last (zaodFAL)	Pyramid (zaodPYR)	
Healthright 360 (zaodHR360)		*Other (Specify):*

Provider/Staff Set Up (Check all that Apply):

☐ **New Avatar User**
☐ **New Therapist/Provider Number** (NEW Direct Service Provider)
☐ **Full Avatar Access** (Clinical role: progress notes, other clinical documents)
☐ **Administrative Avatar** (Avatar PM) (Admissions, discharging, etc.)
   (User Role: Admin)
☐ **Requires Co-Signature** for Clinical Documents
   (Co-Signer's Name: _____)
☐ **Avatar Order Connect** (Prescribing in Avatar) (County Medical Staff Only)

☐ **Update to current Provider or Avatar User.** Specify Update Needed:

Effective Date: _____

For AVATAR Prescribers Only Must be Approved by BHRS Management

If the user is a Prescriber, you **must** notify Barbara Liang, BHRS Director of Pharmacy Services (bliang@smcgov.org).

Type of Prescriber:
☐ MD   ☐ NPF
☐ Pharmacist   ☐ RN/NP
☐ Guest Look Up ☐ Other Nursing

Additional Information:
Year of 1st Licensure: _____
% Time work in SMC: _____
Est # clients each wk: _____

Provider/Staff: _____ Supervisor Completing Form: _____ Date of Request: _____

Direct Service Staff Information

Demographic Information

Gender
- ☐ M
- ☐ F
- ☐ Transgender (MtoF)
- ☐ Transgender (FtoM)
- ☐ Queer
- ☐ Another Gender
- ☐ Undisclosed

Language (FLUENT - Provides Services)
- ☐ American Sign Language
- ☐ Chinese
- ☐ Spanish
- ☐ Tagalog
- ☐ Tongan
- ☐ Other Language(s)_____

Ethnicity/Race
- ☐ White/Caucasian
- ☐ Hispanic or Latino
- ☐ Black-African-American
- ☐ Asian-Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Pacific Islander
- ☐ Vietnamese
- ☐ Other Asian
- ☐ American Native
- ☐ Unknown
- ☐ Multiple
- ☐ Other Race(s)_____

Details of Service to be Provided

# of Hours per week serving SM Medi-Cal Clients:	Telehealth	Field-Based	If Field-Based:
_____	☐ Yes ☐ No	☐ Yes ☐ No	Distance (Range) Travels to Provide Field-Based Services:

Cultural Training/Age Groups Served

Cultural Competence Training (within last year: standard 8 hours yearly):   ☐ Yes   ☐ No

Completed Required BHRS Training: Confidentiality, FWA, Compliance, ASAM, ☐ Yes   ☐ No

☐ O – Only Sees Children/Youth ☐ B – Sees both Children/Youth and Adults ☐ N – Does not see Children/Youth

Areas of Provider Expertise

☐ **Adult** ☐ **Child/Adolescent** ☐ **Geriatric** ☐ **Lesbian, Gay, Bisexual** ☐ **Perinatal** ☒ **Substance Abuse** ☐ **Transgender** ☐ **Transitional Age Youth (TAY)** ☐ **Veterans**

Direct Service Staff Credentials / Position

General Providers (Other)   User Role: AODCOUNSELOR

☐ AOD COUNSELOR

Peer Support Specialist   User Role: AODPSS

☐ Peer Support Specialist

Clinician   User Role: AODClinician

☐ ASW ☐ AMFT ☐ APCC ☐ LMFT ☐ LCSW ☐ LPCC ☐ Psychologist ☐ Reg Psychologist ☐ Reg Psychological Associate

Clinicians (STUDENT Clinician)   ☐ Clinician Student Intern   User Role: AODMATRAINEE

Medical Nursing Providers	**User Roles**
Psychiatry ☐ MD - Psychiatrist ☐ DO - Psychiatrist ☐ MD ☐ NP ☐ NPF	**AODMEDICAL**
Nurse ☐ RN	
LPT/LPT ☐ LPT ☐ LVN	

National Provider Identifier (NPI) – All Providers

NPI #: _____   Taxonomy Code: _____

License/Registered Providers – Lic/Reg #: _____ Issuance Date: _____ Expiration Date: _____

AOD Certification/Registration #: _____ Issuance Date: _____ Expiration Date: _____

Prescriber License / Certification Information – Prescribers Only

Medicare PTAN Information: _____   Effective Date: _____

DEA # (MD/DO/NPF): _____   MD Board Certified? ☐ Yes, Board: _____

Provider/Staff: _____ Supervisor Completing Form: _____ Date of Request: _____

PRACTITIONER CATEGORY (PRINTS ON DOCUMENTS)	PRACTITIONER CATEGORIES FOR COVERAGE (BILLING) MIS	DISCIPLINE (SCOPE/PROGRESS NOTES) MIS	PROFESSIONAL USER ROLES CONTROLS CLINICAL DOC not PN) AVATAR user	TAXONOMY CODE	Verify License	Board
PEER SUPPORT SPECIALIST	AOD Counselor	AOD PSS	AODPSS	175T00000X	https://www.capeercertification.org/	None
AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	None	None
ACCBC, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://www.accbc.org/	ACCBC
ACCBC, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://www.accbc.org/	ACCBC
CADTP, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://cadtpcounselors.org/verify-credentials/	CADTP
CADTP, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://cadtpcounselors.org/verify-credentials/	CADTP
CCAPP, Certified - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://ccappcredentialing.org/index.php/verify-credential	CCAPP
CCAPP, Registered - AOD Counselor	AOD Counselor	AOD Counselor	AODCounselor	101YA0400X	https://ccappcredentialing.org/index.php/verify-credential	CCAPP
ACSW = ACSW (ASSOCIATE CLINICAL SOCIAL WORKER)	AOD - SOCIAL WORKER – ASW	AOD Clinician	AODClinician	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
AMFT = ASSOCIATE MARRIAGE FAMILY THERAPIST	AOD -MARRIAGE+FAMILY THERAPIST (IMF)	AOD Clinician	AODClinician	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
APCC = ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR	AOD - PCI	AOD Clinician	AODClinician	104100000X	https://search.dca.ca.gov/	Behavioral Sciences
INTERN = INTERN	AOD - INTERN STUDENT	AOD MATRAINE	AODMATRAINEE	101YA0400X	None	None
LCSW=LCSW(LICENSEDCLINICAL SOCIALWORKER)	AOD- LICENSEDCLINICAL SOCIAL WORKER (LCSW)	AOD Clinician	AODClinician	1041C0700X	https://search.dca.ca.gov/	Behavioral Sciences
LPCC = Licensed Professional Clinical Counselors	AOD - LPCC	AOD Clinician	AODClinician	101Y	https://search.dca.ca.gov/	Behavioral Sciences
MFT = MFT (MARRIAGE FAMILY THERAPIST)	AOD -MARRIAGE+FAMILY THERAPIST (MFT)	AOD Clinician	AODClinician	106H00000X	https://search.dca.ca.gov/	Behavioral Sciences
PHD = PHD (LICENSED CLINICAL PSYCHOLOGIST)	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician	103T,102L,103G	https://search.dca.ca.gov/	Psychology
PSB = PSB (PSYCHOLOGY	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician	103T,102L,103G	https://search.dca.ca.gov/	Psychology
PSYD = PSYD (LICENSED CLINICAL	AOD - PSYCHOLOGIST	AOD Clinician	AODClinician	103T,102L,103G	https://search.dca.ca.gov/	Psychology
DO= DR OF OSTEOPATHIC MEDICINE	AOD - PSYCHIATRIST	AOD MEDICAL DOCTOR	AODMEDICAL	208D,2084,2080,207R,207Q	https://search.dca.ca.gov/	Osteopathic Medical
MD = MD (PSYCHIATRIST)	AOD - PSYCHIATRIST	AOD MEDICAL DOCTOR	AODMEDICAL	208D,2084,2080,207R,207Q	https://search.dca.ca.gov/	Medical Board
NP = NP (NURSE PRACTITIONER)	AOD - NURSE PRACTITIONER	AOD NP	AODMEDICAL	363L	https://search.dca.ca.gov/	Register Nursing
RN = RN (REGISTERED NURSE)	AOD - NURSE – RN	AOD NURSING	AODMEDICAL	163W	https://search.dca.ca.gov/	Register Nursing
LVN = Licensed Vocational Nurse	AOD-Licensed Pysch Tech	AOD NURSING	AODMEDICAL	164X00000X	https://search.dca.ca.gov/	Vocational Nursing & Psychiatric Tech
LPT = Licensed Psychiatric Technician	AOD-Licensed Pysch Tech	AOD NURSING	AODMEDICAL	167G00000X	https://search.dca.ca.gov/	Vocational Nursing & Psychiatric Tech
Additional Roles (May Check 1 or More)	**PRACTITIONER CATEGORIES**	**DISCIPLINE (SCOPE/PROGRESS**	**PROFESSIONAL USER**	**TAXONOMY CODE**	**Verify License**	**Board**
AOD Analyst	**Use for BHRS AOD Staff**		AODANALYST		None	None
Provider MANAGER/SUPERVISOR	**Use for Provider Staff**		AODMANAGER		None	None
Provider ADMINISTRATIVE	**Use for Provider Staff**		AODADMIN		None	None
Provider FINANCE- LOOK UP	**Use for Provider Staff**		AODFINANCEMGR		None	None
Responsible for Referrals and/or MCE Auth	**Use for Provider and/or AOD Staff**		**aodREF**		None	None