 New Clinician Staff Numb Update Staff Number Expire Staff Number 		 Clinician's Gateway Staff Number Indirect Service Input Clerk Staff Number Level III Provider Staff Number 			
► Provider/Corporate Name:				Staff:	
Clinic Name:					
Contact Person:				►Phone #:	·
►Staff Name:				▶Ph	one #:
►Sex:	Middle		Last		
A = White	E = Chinese	I = Japa	anese	M = Unkn	own
B = Black	F = Vietnamese	J = Filip		N = Other	Southeast Asian
C = Native American			ner Asian		
D = Latino	H = Cambodian	L = Oth	ner		
SS #:	<u> </u>	►Birthdate:			
Start Date:					
UPIN:	GL Account: ►Taxonomy Code:				ode:
Medicare PIN:				Turrononij et	Mandatory Fiel
			NDI#	-	
Medicaid PIN:	Medicare Billat	ble:		►NP1#: _	
(:		Demonsol Det	e:	Ctota	Mandatory Field
License #:		Reliewal Dat	e:	State	
Languages: (Check all that apply			Chinese Dislast		Other
English Japanese	Spanish Filipino Dialect		 Chinese Dialect Vietnamese 		Other
Laotian	Cambodian		_ Vietnamese _ Sign Language		
			_ Digit Dunguage		
Staff Mask: (Check the applicable	e disciplines for this staff)				
Educator	Intern			ls	_ Rehab Counselor
MFC Counselor	Nurse		- 1		
Pharmacist	Physician		Physician Assis	stant	_ Unlicensed Worker
Psych Tech	Psychiatrist		_ Psychologist		
Class	(For Inform	ation Systems	Use Only)		
Date of Request:	Date Complete	d:	Completed I	Зу:	
► = MANDATORY FIELDS ALLOW 5 BUSINESS FOR PROCESSING	SEND	FORM TO:	INFORMATIO Attn: System Su	N SYSTEMS pport rcadero Cove,	