

MENTAL HEALTH

REQUEST FOR CLINICIAN STAFF NUMBER

****TYPE** *ONLY TYPED FORMS WILL BE PROCESSED***

- | | |
|---|---|
| <input type="checkbox"/> New Clinician Staff Number | <input type="checkbox"/> Clinician's Gateway Staff Number (CG) |
| <input type="checkbox"/> Update Staff Number _____ | <input type="checkbox"/> Indirect Service Input Clerk Staff Number (IND) |
| <input type="checkbox"/> Expire Staff Number _____ | <input type="checkbox"/> Level III Organization Provider-Staff Number (CC3) |
| | <input type="checkbox"/> Level III FFS Provider-Staff Number (FFS) |

►Provider/Corporate Name: _____

►Clinic Name: _____

►Contact Person: _____

►Staff Name: _____

First

Middle

Last

►Sex: ☐

►Ethnicity: ☐

A = White

B = Black

C = Native American

D = Latino

E = Chinese

F = Vietnamese

G = Laotian

H = Cambodian

I = Japanese

J = Filipino

K = Other Asian

L = Other

M = Unknown

N = Other Southeast Asian

Staff: _____
(For Info Sys. Use Only)

►Phone #: _____

►Phone #: _____

►SS #: _____

►Birthdate: _____

►Start Date: _____

End Date: _____

UPIN: _____

GL Account: _____

►Taxonomy Code: _____

Medicare PIN: _____

DEA Number: _____

Mandatory Field

Medicaid PIN: _____

Medicare Billable: _____

►NPI#: _____

Mandatory Field

License #: _____

Renewal Date: _____ State: _____

►Languages: (Check all that apply)

____ English

____ Spanish

____ Chinese Dialect

____ Other

____ Japanese

____ Filipino Dialect

____ Vietnamese

____ Laotian

____ Cambodian

____ Sign Language

►Staff Mask: (Check the applicable disciplines for this staff)

____ Educator

____ Intern

____ Medical Records

____ Rehab Counselor

____ MFC Counselor

____ Nurse

____ Occ. Therapist

____ Social Worker

____ Pharmacist

____ Physician

____ Physician Assistant

____ Unlicensed Worker

____ Psych Tech

____ Psychiatrist

____ Psychologist

(For Information Systems Use Only)

Class _____

Date of Request: _____

Date Completed: _____

Completed By: _____

► = MANDATORY FIELDS

SEND FORM TO: INFORMATION SYSTEMS

Attn: System Support

2000 Embarcadero Cove, 4th Floor

Oakland, CA 94606

Tel: (510) 567-8181 Fax: (510) 567-8161

**ALLOW 5 BUSINESS DAYS
FOR PROCESSING**

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