



INDIVIDUAL PROVIDER NETWORK BRIEF APPLICATION

In order to meet the needs of Alameda County’s diverse population, BHCS is seeking providers who meet the preferred criteria under A. and at least one criterion under B. Please fill out the following and indicate which of the following you meet, scan and email a copy to procurement@acbhcs.org or fax to 510.567.8189.

Name		Licensure Type/Discipline	
Office Address		City/Zip	
Phone		Fax	Email
Mailing Address (if different from Office Address)		City/Zip	

Preferred Experience	
	1. Have a breadth of clinical experience, including working with consumers with Medi-Cal
	2. Have been licensed for at least two years ¹
Geographic Area/Language	
	1. Provide services in one or more of the following areas:
	East County, specifically Livermore, Pleasanton and/or Dublin
	South County, specifically Sunol, Fremont, Newark, Union City
	Central County, specifically, Hayward, Fairview, Cherryland, San Lorenzo, Ashland, Castro Valley, and/or San Leandro
	2. Provide services in one or more of the following languages:
	ASL (American Sign Language)
	Cantonese
	Farsi
	Mandarin
	Spanish
	Vietnamese
	Other Language, please specify:

If applicable, check the following:

How many individuals can you see per week?		I have worked in a BHCS County-operated clinic		I have worked for a BHCS contracted organization
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I certify that this information is true and accurate.

Signature

Date

¹ This can be replaced with equivalent experience serving the Medi-Cal population during an internship.