# *REQUEST TO UPDATE/CHANGE BEHAVIORAL HEALTH SCREENING/CREDENTIALING RECORD*

***Instructions**: fill out the form completely and obtain the required signatures. Email the form and any attachments to credentialing@sfdph.org.*

## YOUR EXISTING CREDENTIALING INFORMATION

Legal Name (first, last): _____ Work Phone: _____

Provider Type/Discipline: _____ Work Email: _____

NPI Number: _____

## ☐ CHANGE/UPDATE MY CREDENTIALING PROVIDER TYPE/DISCIPLINE

1. What is your new Provider Type/Discipline (*check below*)
2. If applicable, attach a copy of the new License/Registration/Certification
3. If applicable, attach a copy of the NPPES/NPI record with Primary Taxonomy

| | | |
|---|---|---|
| **Licensed Clinicians**<br>☐ LMFT ☐ LCSW ☐ LPCC | **Physicians & Advanced Practice**<br>☐ MD ☐ DO ☐ NP ☐ CNS ☐ PA | **Certified Peer Support Specialist**<br>☐ Certified Peer |
| **Associate Clinicians**<br>☐ AFMT ☐ ASW ☐ APCC | **Medical Assistant, Nursing & Psychiatric Technician**<br>☐ Medical Assistant ☐ LVN ☐ RN ☐ PT | **Other Specialist Staff**<br>☐ MHRS ☐ Other Qualified Provider/MHW |
| **Psychologists**<br>☐ Licensed ☐ Registered ☐ Waivered | **Pharmacist**<br>☐ Pharmacist | **AOD Counselor**<br>☐ Registered ☐ Certified |
| **Clinical Trainees**<br>☐ MSW ☐ MFT ☐ PCC ☐ Psychology ☐ OT ☐ VN ☐ RN ☐ PT ☐ Pharm ☐ NP ☐ PA ☐ Medical Clerkship | | |
| Other<br>☐ Specify: _____ | | |

## ☐ CHANGE/UPDATE MY PROGRAM/AGENCY INFORMATION

1. Tell us if you are adding a new program, deleting an old program, or editing your current program
2. Enter the specific details of the program

| Add, Delete, or Change? | Name of Program-Agency | Mailing Address | City | State | Zip Code | Program-Agency Phone Number |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## ☐ SEPARATATION FROM MYAGENCY

1. Current Agency Name: _____
2. Date of Separation: _____
3. Did this staff member take a position at another SFDPH BHS County and/or Contracted Agency? If "yes" then we will contact that staff member to help them get credentialed in the new Agency: ☐YES ☐NO

## ☐ CHANGE/UPDATE MY PRIMARY TAXONOMY CODE

4. New primary taxonomy code: _____
5. New primary taxonomy label: _____
6. You must attach a copy of the NPPES/NPI record with Primary Taxonomy

## ☐ CHANGE/UPDATE MY LEGAL NAME

1. Enter your former and current name in the table below
2. If applicable, attach a copy of the updated License/Registration/Certification with the new legal name
3. If applicable, attach a copy of the updated NPI record with the new legal name

| Type | First Name | Middle Name | Last Name |
|---|---|---|---|
| New Legal Name | | | |
| Old Legal Name | | | |

## ☐ OTHER CHANGE/UPDATE

1. In the space below, describe the other type of change/update you are requesting
2. As applicable, attach copies of supporting documentation

## ☐ AUTHORIZATION FOR AGENCY REPRESENTATIVE TO REQUEST CHANGE/UPDATE ON BEHALF OF PROVIDER

I am authorizing a representative from my agency to submit this form and supporting documentation on my behalf. I understand and acknowledge that I am responsible for ensuring that my Credentialing file is correct and current.

Name of Authorized Agency Representative: _____

Title/Role of Authorized Agency Representative: _____

Email for Authorized Agency Representative: _____

Phone for Authorized Agency Representative: _____

## REQUIRED SIGNATURES & INFORMATION

**1. Employee/Provider:**

_____ _____

*Signature* *Date*

**2. Supervisor of Employee/Provider:**

_____ _____ _____

*Name (Printed)* *Signature* *Date*

_____ _____

*Email Address* *Phone*

Click to reset the form