

Division Of Prevention And Behavioral Health Services
HUMAN RESOURCES DATA

See page 2 for codes

<p>1) Date of Report</p> <p>2) Agency County <input type="checkbox"/>NCC <input type="checkbox"/>K <input type="checkbox"/>S</p> <p>3) Program</p> <p>4) Program Type: <input type="checkbox"/>SA <input type="checkbox"/>MH <input type="checkbox"/>SA/MH</p> <p>5) Staff Name</p> <p>6) List Previous Names Used (If applicable)</p> <p>7) DOB</p> <p>8) Gender <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>9) Social Security Number (Necessary for Primary Verification- Unaccredited Agencies Only)</p> <p>10) Race Code:</p> <p>11) Ethnicity Code:</p> <p>12) <u>Language(s) (other than English)</u></p> <p>13) Start Date</p> <p>14) Criminal Background Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Acceptable for Hire: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15) <u>Date Fingerprinted</u></p> <p>16) Employment Affiliation Code: _____</p> <p>17) Job Function Code(s) : _____</p> <p>18) <u>The above function is:</u> A) Supervised by the agency B) Other (Explain)</p>	<p>19) Highest Degree Held Code: <u>Degree(s) Held:</u></p> <p>20) Discipline/Training/Profession Code</p> <p>21) <u>Professional Licensure</u> All Professional Licenses</p> <p>State(s) Number(s)</p> <p>22) <u>Professional Certification</u> National</p> <p>State(s) Number(s)</p> <p>23) Areas of Interest Code(s):</p> <p>24) Areas of Evidence Based Training Code(s):</p> <p>25) % of time in form of therapy: a) Family Therapy b) Group Therapy c) Individual Therapy</p> <p>26) % of time spent by client age a) 0-5 b) 6-12 c) 13-18 d) adult</p> <p><u>If applicable, please provide:</u></p> <p>NPI Number</p> <p>Taxonomy Code</p> <p><u>DPBHS Therapist Code</u> (Five Digits)</p>	<p><u>Primary Verification completed on required education and credentials:</u></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>Immunizations completed:</u></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>Agency Confirmation Statement</u> The Agency CEO (or Designee) has reviewed the application and acknowledges the appointment applied for is consistent with the agency's mission and the types of care provided by the applicant in the agency.</p> <p>_____ (Printed Name of the Agency CEO or Designee)</p> <p>_____ (Signature of the Agency CEO or Designee)</p> <p><u>Please complete and re-submit with separation date upon Termination/Resignation/Lay-off.</u></p> <p><u>Separation Date</u></p>
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Staff Member Confirmation

I hereby confirm all the information contained in this form is accurate.

 (Printed Name of the Staff Member)

 (Signature of the Staff Member)



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CODES

Question 10, Race

- 00 American Indian
- 01 Alaskan Native
- 02 Asian/Pacific Islander
- 03 Black/African American
- 04 White
- 08 Other

Question 11, Ethnicity

- 01 Latino - Mexican
- 02 Latino - Puerto Rican
- 03 Latino - Cuban
- 04 Other Latino
- 05 Haitian
- 06 Not of Latino or Haitian
Origin

Question 16, Employment Affiliation:

- 01 Full Time
- 02 Part time/Contract
- 04 Student, Intern
- 05 Volunteer

Question 17, Job Function Code(s):

- 1 Therapist
- 2 Supervisor
- 3 Behavioral Health Interventionist
- 4 Line Staff
- 5 Teacher
- 6 Occupational Therapist
- 7 Speech Therapist
- 8 Activity Therapist

Question 19, Highest Degree

- 01 Less than high school
- 02 High school or GED
- 03 Education beyond high school/
No degree
- 04 Associate degree
- 05 Bachelor's degree
- 06 Master's degree
- 07 Doctorate
- 08 MD/DO

Question 20, Credential

- 01 Psychiatrist
- 02 Psychiatric Nurse
- 03 Nurse Practitioner
- 04 Licensed Practicing Nurse
- 05 Registered Nurse
- 06 Psychologist
- 07 LCSW
- 08 LPCMH
- 09 LMFT
- 10 CADC/LCDP
- 11 Activity therapist (e.g., art,
music, dance, recreational)
- 12 APA-CPP
- 13 ABPP
- 14 other, specify

Question 23, Areas of Mental Health Interest

- 01 Foster Care/Adoption
- 02 PTSD
- 03 Other Anxiety Disorders
- 04 ADHD
- 05 ODD
- 06 Conduct Disorder
- 07 Depression
- 08 Mental Retardation
- 09 Pervasive Developmental Disorders/ ASD
- 10 Attachment
- 11 Borderline Personality Disorder/Traits
- 12 Sexually Inappropriate Behavior

Question 24, Evidence Based Training

- 01 TF-CBT
- 02 PCIT
- 03 Other
Please specify