



Sacramento County Department of Health Services  
Division of Behavioral Health  
QUALITY MANAGEMENT  
STAFF REGISTRATION/CREDENTIALING CHECKLIST

**I. All Provider Staff: Please include the following with the completed registration packet**

Registration/Credentialing Form – Provide your full legal name. Do not use nicknames, initials, or abbreviations. All applicable sections of the form must be complete. Also, if you answer “yes” to any of the attestation questions A-M, provide full details on a separate sheet of paper.

SSN Consent Form – Provide your full legal name. Do not use nicknames, initials, or abbreviations.  
Attachment C

Copy of NPI registration with valid taxonomy. (Note: Taxonomy code must be designated as primary.)

274 Provider Information – MHP ONLY

EHR Account/Training Registration Form – For New Staff or New Permission requests

**Valid Taxonomy Codes**

Psychiatrist/MD/DO/LP/Residents- Any 208 series	LMFT- 106H00000X
NP - 363LP0808X or 363LF0000X	LPCC- 101YP2500X
RN – Any 163W series	Waivered Psychologist- 390200000X
Pharmacist – 183500000X	ASW- 390200000X or 1041C0700X
LVN – 164X00000X	AMFT- 390200000X or 106H00000X
PA - 363A00000X	APCC- 390200000X or 101YP2500X
CSN – 364SP0812X	ADS Counselor – 101YA0400X
Psych Tech- 167G00000X	MHRS – 171M00000X
Psychologist - 103TC0700X	Other Qualified Provider (OQP) – 172V00000X
LCSW- 1041C0700X	Certified Peer Support Specialist – 175T00000X

**II. If you are a MD, Psychiatrist, LP, DO, NP, or PA please submit the following:**

All the documents listed in Section I                      Copy of current Unrestricted DEA Registration

Copy of current Professional License

Proof of ORP enrollment (approval letter or screenshot from your PAVE account showing the “approved” status of your application. If you are still waiting for approval, please submit a screenshot from you PAVE account showing that you have submitted your application.

III. If you are a RN, LVN, CNS, Pharmacist, or PT, please submit the following:

All the documents listed in Section I

Copy of current Professional License/Certification

IV. If you are a LMFT, LCSW, LPCC, or Licensed Psychologist, please submit the following:

All the documents listed in Section I

Copy of current Professional License and BBS Printout

Proof of ORP enrollment (approval letter or screenshot from your PAVE account showing the “approved” status of your application. If you are still waiting for approval, please submit a screenshot from you PAVE account showing that you have submitted your application.

V. If you are an AMFT, ASW, APCC, Waivered Psychologist, please submit the following:

All the documents listed in Section I

Copy of current Registration and BBS Printout

LPHA License Waiver Request (Attachment D) and Supervisor Responsibility Agreement

ASW – [BBS Supervisor Agreement \(ASW\)](#)

AMFT – [BBS Supervisor Agreement \(AMFT\)](#)

APCC – [BBS Supervisor Agreement \(APCC\)](#)

\*Licensure Waiver Application for Psychologist (Attachment E)

\*Copy of Doctoral Degree or letter, on school letterhead, stating date the candidate was conferred.

\*Resume

\*Copy of current, valid registration issued by the Board of Psychology, if applicable.

\*(For Waivered Psychologist Applicants Only)

VI. If you are a MHRS, please submit the following:

All the documents listed in Section I

Resume

Copy of degree or official transcript demonstrating that you have completed your coursework.

Mental Health Rehabilitation Specialist Application (Attachment G)

VII. If you are an Other Qualified Provider and a Medical Student Clinical Clerkship, Doctoral Level Student, or Master Level Student, please submit the following:

All the documents listed in Section I

Student Application (Attachment F)

VIII. If you are an Other Qualified Provider, please submit the following:

All the documents listed in Section I

Proof of highest level of education (Provide ONE of the following):

- High School Diploma, GED, degree, or official transcript  
OR
- School verification letter that degree was completed

IX. If you are a Certified Peer Specialist, please submit the following:

All the documents listed in Section I

Proof of highest level of education (Provide ONE of the following):

- High School Diploma, GED, degree, or official transcript  
OR
- School verification letter that degree was completed

Peer Specialist Certification

X. If you are an Alcohol and Other Drug Counselor, please submit the following:

All the documents listed in Section I

Proof of highest level of education (Provide ONE of the following):

- High School Diploma, GED, degree, or official transcript  
OR
- School verification letter that degree was completed

Copy of Certification or Registration from DHCS Designated Organization (i.e., CAADE, CADTP, and CCAPP)