

**A-5 – FACILITY STAFFING DATA - Page 1**

**INSTRUCTIONS:** Use this double sided form to identify all staff of the facility. Designate volunteers by placing a “V” after their names. Use additional sheets as needed.

Facility Name:			Provider #:		Counselor Information (A minimum of 30% of all staff who provide counseling services shall be licensed or certified.)				
Employee Information:	Date Hired	Last TB Test Date	First Aid and CPR required for licensed facilities only.		Licensed? Yes/No/ N/A	Certified? Yes/No/N/A	Registered? Yes/No/N/A	Certified/Registered By: <a href="#">Approved Certifying Organizations</a>	Effective and expiration dates of: Licensure, Certification, or Registration
			First Aid: Date of last Training	CPR: Date of last Training				OR * Licensed As: A. Psychologist D. LCSW B. MFT E. Registered Intern C. Physician	
Name: _____ Title: _____ Scheduled hours per week: _____								_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
Name: _____ Title: _____ Scheduled hours per week: _____								_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
Name: _____ Title: _____ Scheduled hours per week: _____								_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
Name: _____ Title: _____ Scheduled hours per week: _____								_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
Name: _____ Title: _____ Scheduled hours per week: _____								_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date

**\* LICENSED PROFESSIONALS AND INTERN QUALIFICATION REQUIREMENTS**

Licensed professional means a physician licensed by the Medical Board of California; a psychologist licensed by the Board of Psychology; or a clinical social worker or MFT licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Behavioral Sciences or with the Board of Psychology. Pursuant to the CCR, Title 9, § 13010, at least thirty percent of staff providing counseling services in all SUD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to § 13035(f). Licensed professionals may include LCSW, MFT, Licensed Psychologist, Physician or registered intern as specified in § 13051.

**A-5 – FACILITY STAFFING DATA – Page 2**

Facility Name:			Provider #:				Counselor Information (A minimum of 30% of all staff who provide counseling services shall be licensed or certified.)		
Employee Information:	Date Hired	Last TB Test Date	First Aid and CPR required for licensed facilities only.		Licensed? Yes/No/N/A	Certified? Yes/No/N/A	Registered? Yes/No/N/A	Certified/Registered	Effective and expiration dates of: Licensure, Certification, or Registration
			First Aid: Date of last Training	CPR: Date of last Training				By: <a href="#">Approved Certifying Organizations</a> OR * Licensed As: A. Psychologist D. LCSW B. MFT E. Registered Intern C. Physician	
Name: _____ Title: _____ Scheduled hours per week: _____								Certification/registration # _____ Lic/Cert/Reg organization _____	Effective date _____ Expiration date _____
Name: _____ Title: _____ Scheduled hours per week: _____								Certification/registration # _____ Lic/Cert/Reg organization _____	Effective date _____ Expiration date _____
Name: _____ Title: _____ Scheduled hours per week: _____								Certification/registration # _____ Lic/Cert/Reg organization _____	Effective date _____ Expiration date _____
Name: _____ Title: _____ Scheduled hours per week: _____								Certification/registration # _____ Lic/Cert/Reg organization _____	Effective date _____ Expiration date _____
Name: _____ Title: _____ Scheduled hours per week: _____								Certification/registration # _____ Lic/Cert/Reg organization _____	Effective date _____ Expiration date _____

**\* LICENSED PROFESSIONALS AND INTERN QUALIFICATION REQUIREMENTS**

Licensed professional means a physician licensed by the Medical Board of California; a psychologist licensed by the Board of Psychology; or a clinical social worker or MFT licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Behavioral Sciences or with the Board of Psychology. Pursuant to the CCR, Title 9, § 13010, at least thirty percent of staff providing counseling services in all SUD programs licensed and/or certified by DHCS shall be licensed or certified pursuant to the requirements of this chapter. All other counseling staff shall be registered pursuant to § 13035(f). Licensed professionals may include LCSW, MFT, Licensed Psychologist, Physician or registered intern as specified in § 13051.