



Department of Public Health
1380 Howard Street, 3rd Floor
San Francisco, CA 94103

Avatar Account Request Form (SUD)

NOTE: This request form **must be typed**, except for required signatures.
Incomplete or handwritten forms will not be processed.

Last Name: _____ First: _____ MI: _____

Job Title: _____ Email: _____

NPI Registry #: _____ Classification: _____

New Account Reactivation/Update – Enter existing Avatar Username: _____

Adding Program – If adding a program, please include a separate page naming your current program/s.

Name Change – Enter your previous full name: _____

Avatar Staff ID Only – If selected, leave Role Information, Co-Signers, and Training sections blank.

Agency Information:

Agency/Program Name: _____

Street Address: _____ City: _____

Zip Code: _____ Agency Phone: _____ Agency Fax: _____

Role Information: *Please check any of the following that apply to your program/agency and your job functions.*

SUD System Code (**required**): _____

SUD Adult SUD CYF Clinical

Residential Supervisor/Manager/Director Clerical/Admin

Like Account (Please provide name of Avatar user whose role is *identical*): _____

Co-Signers: *Please list the full names of up to two eligible, active Avatar users to be co-signers (include a separate page for more).*

1: _____ 2: _____

Or check one: I am a LPHA and therefore do not require a co-signer. I will not be doing clinical work.

Training: *If training was conducted on-site, include the **Attestation of On-Site Avatar Training** form with this request.*

Requested Training: _____ Training Date: _____

Required Signatures: *After printing the completed form, sign the signature fields by hand, then scan and email.*

Employee Signature: _____ Date: _____
(print and sign by hand)

Supervisor Name: _____ Phone: _____

Supervisor Email: _____

Supervisor Signature: _____ Date: _____
(print and sign by hand)

Email the completed form to avataraccounts@sfdph.org.