



City and County of San Francisco  
Office of COMPLIANCE

1380 Howard St., 2nd Fl.  
San Francisco, CA 94103

**Certification and Verification for Avatar Staff ID**  
**Attestation for Non-Licensed Staff**

Legibly **PRINT OR TYPE** responses. Your request will **not** be processed without an NPI number, supporting documentation, and both staff and supervisor signatures. Please submit your request two (2) weeks in advance.

**NO BILLING IS ALLOWED until verification and credentialing is finalized.**  
**NO RETROACTIVE BILLING WILL BE ALLOWED:**

NEW REQUEST fax to: **IT Accounts Coordinator:** at 415-252-3008  
UPDATE fax directly to: **DPH COMPLIANCE OFFICE** at 415- 252-3032

New  Update Name  Update Program  Add Program  Update Credentialing Category

If updating information, please include your Avatar Staff ID #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

<b>Personal Information:</b>		
Last: _____ First: _____ MI: ____ Suffix: _____ (Sr., Jr.)		
SSN: _____ - _____ - _____ DOB: ____/____/____ Gender: ____ Ethnicity _____		
NPI #: (required) _____ Taxonomy Code: (required) _____		
<b>Program Information : <input type="checkbox"/>Mental Health <input type="checkbox"/>Substance Use Disorder (Amin staff only)</b>		
Program Name: _____ RU/Program Code # _____		
Street Address: _____ City: _____ State: _____		
Zip Code: _____ Agency Phone: _____ Agency Fax: _____		
<b>Languages (other than English)</b>	<b>Provide Services</b>	<b>Certified Interpreter</b>
<b><input type="checkbox"/> Peer Specialist: <input type="checkbox"/> Admin Staff:</b>		
<b><input type="checkbox"/> For Mental Health Graduate Student Trainee</b> (e.g. individual participating in a field intern/trainee placement while enrolled in an accredited Masters in Social Work (MSW), Masters of Art (MA)/Masters of Science (MS) Counseling, PhD/PsyD training program.) <i>I attest that _____ (student) is a Graduate Student Trainee from _____, an accredited higher education institution, who began interning at our agency on ____/____/____ (date). Internship will expire on ____/____/____.</i>		
<b><input type="checkbox"/> Mental Health Rehabilitation Specialist (MHRS) (see page 2 for full MHRS Criteria)</b> <i>I attest that _____ (staff) meets the requirements for a MHRS because of one of the following situations.</i> <input type="checkbox"/> Graduate professional education in a mental health related field (who is NOT waived/registered/licensed)* See Substitution <b>OR</b> <input type="checkbox"/> Bachelor's Degree & four (4) years' experience in fields of physical restoration, social adjustment, or vocational adjustment <b>OR</b> <input type="checkbox"/> Associate Arts Degree & six (6) years' experience in an appropriate setting (2 years of the 6 years must be post AA Degree) <b>(for staff who has an AA/BA/BS, but insufficient experience, substitute up to 2 years of graduate professional education (year for year) experience)</b>		
<b><input type="checkbox"/> Mental Health Worker (MHW) (see page 2 for full MHW criteria)</b> <i>I attest that _____ (staff) has graduated from High School or possess a GED. This staff person will be under my supervision and I will be responsible for oversight of their required clinical training and their clinical work at the agency)</i>		
<b>Signatures and Contact Information: (by signing below you are attesting that all information provided is true and correct)</b>		
Employee Signature: _____		Date: _____
Employee Phone: _____		Employee E-mail: _____
Supervisor Name: _____		Supervisor Signature: _____
Supervisor Phone: _____		Supervisor E-mail: _____
<b>Other staff to be notified of employee's Staff ID# :</b> _____ <b>E-mail:</b> _____		



## MENTAL HEALTH REHABILITATION SPECIALIST (MHRS) AND MENTAL HEALTH WORKERS (MHW) DEFINITIONS AND GUIDELINES

### MHRS Definition and Clarifications:

CCR Title 9 §630: A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four (4) years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two (2) years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two (2) years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four (4) years' experience in a mental health setting.

1. Educational Degree: Minimum education attainment is an Associate Degree (any type).
2. Experience: Defined as full-time equivalent, verifiable, either paid or unpaid, primarily working with/providing services to clients:
  - a. If a staff member only has an Associate Degree, then six (6) years of experience are required.
    - i. Two (2) years of the experience MUST have been accrued after obtaining the Associate Degree.
  - b. If a staff member has a Bachelor's Degree, then four (4) years of experience are required.
3. Substitutions: A portion of the experience requirement can be met by substituting years of graduate professional education (defined as clinical professional education in MSW, MFT, PCC, PhD/PsyD).
  - c. Up to two (2) years of experience can be substituted for education;
  - d. The substitution of education for experience is done on a year-to-year basis

### MHW Definition and Clarifications

1. State Plan Amendment # 12-025: An "Other Qualified Provider" is an individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service by the County Mental Health Plan
2. Supervision Requirements: There must be a specific plan of supervision of the MHW's work activities by a License Practitioner of the Healing Arts (LPHA) and/or MHRS
3. Minimum Annual Training: There must be a specific plan of in-service training to the MHW totaling at least twenty (20) hours per year.