Santa Barbara County Department of
Behavioral Wellness
QUALITY CARE MANAGEMENT
315 Camino Del Remedio, Rm. 257 Santa Barbara, CA 93110
805-681-4777 fax: 805-681-5117

Service Provider Identification Number Request Instructions

1. All applicants complete items 1 through 16.

   PLEASE NOTE: NPI number is a requirement prior to the assignment of an ID number IF YOU ARE GOING TO BILL FOR SERVICES. NPI's may be obtained from the website: https://nppes.cms.hhs.gov/NPPES/Welcome.do. Please apply only for an INDIVIDUAL NPI (not organizational). Administrative positions do not need an NPI
   Please use this link to find your Taxonomy code: https://www.findacode.com/tools/taxonomy-codes.html

2. Attach a copy of your resume **or** employment application, which must contain at least the following information:
   - highest level of education achieved
     - type of degree, and year graduated
   - work experience to include volunteer work with a description of duties
   - work experience to include average hours worked per week or month with a description of duties

3. Attach a copy of all professional licenses (*this includes Registered/Waivered Interns*).

4. Physicians include items in 17.

5. Supervisors please fill out 18 through 28.
   Supervisors please attach the staff job duties which lists the type documentation they will be providing and access they need.

Service Provider Identification numbers cannot be assigned without the above information. Staff or Staff Representative will be notified when the number is assigned.

The number assigned to staff is permanent and will be utilized wherever staff is assigned within Santa Barbara County.

NOTE: Staff reassigned due to personal employment changes or reassignment to another area of Santa Barbara County - staff must complete a **new** Service Provider Identification Number Request Form. This serves to re-evaluate staff status and location within Santa Barbara County.

Service Provider Identification Requests may be submitted via email to egularte@sbcbwell.org or fax (681-5117) or mailed to the above address with Attn: Emily Gularte

Please contact Emily Gularte (ph: 805-681-5113) if you have any questions.

Santa Barbara County BWELL - Service Provider Identification Request Form

Everything in Red MUST be filled out or the application will not be processed

Please allow up to 48 hours for the application to be processed

1. Name(first): _____ **Middle:** _____ **Last:** _____ **2.DOB** _____

3. SSN: _____ **4. *NPI #:** _____ **5. NPI Taxonomy:** _____

(NPI number is required for all staff providing direct services to clients) *(only those with Admin privileges do not need a NPI)

6. Gender ☐ Female ☐ Male **7. Previous names used:** _____

8. Race: (check one box only)

☐ White/Caucasian	☐ African American	☐ Alaskan Native	☐ American Indian	☐ Asian Indian
☐ Cambodian	☐ Chinese	☐ Filipino	☐ Guamanian	☐ Hmong
☐ Japanese	☐ Korean	☐ Laotian	☐ Mien	☐ Mixed Race
☐ Native Hawaiian	☐ Other Asian	☐ Other Pacific Islander		☐ Samoan
☐ Vietnamese	☐ Other			

9. Ethnicity: (check one box only) ☐ Hispanic ☐ Not Hispanic

10. Preferred Lang: _____ **11. Other Language spoken:** _____

(A copy of the license is required)

12. Professional License: _____ **13.State:** _____ **14. Exp**: _____

15. Staff Email address: _____

16. Staff Signature: _____ **Date**: _____

17. **This Section To Be Completed By Physicians Only**

UPIN #: _____

DEA Number: _____ DEA Expiration Date: _____/_____/_____

Please attach copies of your licenses

---Supervisor to fill out ---

18. Job Title: _____ **19. Start Date:** _____

20. Accounts to be set up: **ShareCare** ☐ **Clinicians Gateway** ☐

21. Employee status: **BWELL** ☐ / **CBO** ☐ Specify: _____

22. ShareCare- Facility(s): _____

Program(s): _____

_____

23. Site Location: ☐ Carpinteria ☐ Lompoc ☐ Santa Barbara ☐ Santa Maria ☐ Camarillo ☐ Countywide

24. Site Phone: _____ **25. Site Fax**: _____ **26. E-mail:** _____

27. Supervisor Signature: _____ **Date**: _____

28. Print Supervisor Name: _____ **Date**: _____

For MH Admin QI Review Staff Only

___ Unlicensed Staff (MHW, QMHW, MHRS)

___ Intern (IMF, ASW)

___ Licensed Staff (MFT, OT, LCSW)

___ Doctor (MD, DO)

___ Graduate Student

___ Medical Staff (RN, PT, LVN)

___ Certified Master's Level Nurse (Psych Nurse)

___ Licensed Clinical Psychologist

___ Waivered Psychologist (post-doc)

Service Provider ID #: _____

