



Santa Barbara County Department of Behavioral Wellness Service Provider Update Instructions

Submit form and required documents to: BWELLQCM@SBCBWELL.org

Please allow up to 5 business days for the request to be processed

Please refer to Staff Credentialing and Licensing Policy for details at:
<http://www.countyofsb.org/behavioral-wellness/policies>

1. Supervisor or manager are required to complete and submit this form for any of the following reasons:
 - Current employee changes position
 - Current unlicensed employee change in category
 - Current employee needs access to a new facility(s) and program(s)
 - Current employee no longer needs access to facility(s) and program(s)
 - Employee takes a leave of absence
 - Employment is terminated
 - Current employee changes license or registration status
 - Current employee changes name
2. Attach supporting document(s), if applicable. Please note QCM cannot process request without all of the required information. This may cause a delay in processing time.

For new employees, employees who need access for the first time, or employees who change agencies please complete the Service Provider

Identification Request (SPID) at: <http://www.countyofsb.org/behavioral-wellness/qcmstaff.sbc>



Service Provider Update Application

Please **TYPE**, fill out completely, and attach supporting document(s).

Submit to: BWELLQCM@SBCBWELL.org

Please allow up to 5 business days for the request to be processed

Request Date:
Supervisor/Manager's Name:
Phone Number:
Email Address:
Staff's Name:

Change of Position: *(within the same agency)*

Supervisor or Manager to fill out:	
New Position:	
Resume or job application attached: (required)	
Job Description Attached: (required)	
<i>Behavioral Wellness supervisor or manager use this link to look up job description:</i> https://www.governmentjobs.com/careers/sbcounty/classspecs	
Professional license, registration, wavier, or certification attached, if applicable:	
<i>Note: a printout from DCA or another licensing agency is not sufficient.</i>	
Student/clinical supervisor agreement and proof of enrollment attached, if applicable: (Graduate Students only)	
NPI number:	Primary Taxonomy:
<i>Log in to view or update your NPI record at: https://npiregistry.cms.hhs.gov/</i>	
Verification of updated taxonomy attached, if applicable:	

Change in Category: *(unlicensed staff requesting a change in category, of which is associated with a specific professional suffix: MHRS, QMHW, or MHW)*

Supervisor or Manager to fill out:	
Position:	
Current resume attached: (required)	
Job Description Attached: (required)	
<i>Behavioral Wellness supervisor or manager use this link to look up job description:</i>	

https://www.governmentjobs.com/careers/sbcounty/classspecs	
NPI number:	Primary Taxonomy:
Log in to view or update your NPI record at: https://npiregistry.cms.hhs.gov/	
Verification of updated taxonomy attached, if applicable:	

Facility Authorization Request: *(change of job role within the same agency)*

Supervisor or Manager to fill out:
Facility:
Program(s):
Start Date:
Provide reason for request:

Facility Discontinuation: *(suspending or terminating access)*

Supervisor or Manager to fill out:
Facility to be end Dated:
Program(s) to be end Dated:
End Date:
Provide reason for request:

Add/Change in License or Registration:

Supervisor or Manager to fill out:	
Previous Registration or License, if applicable:	
New Registration/License Type:	
Registration/License #:	
Beginning Date:	
Expiration Date:	
NPI number:	Primary Taxonomy:
Log in to view or update your NPI record at: https://npiregistry.cms.hhs.gov/	
Copy of new professional license, registration, waiver, or certification attached: (required)	
<i>Note: a printout from DCA or another licensing agency is not sufficient.</i>	
Job description attached, if applicable:	

Verification of updated taxonomy attached, if applicable:

Name Change:

Supervisor or Manager to fill out:	
Previous Name:	
New Name:	
NPI number:	Primary Taxonomy:
<i>Log in to view or update your NPI record at: https://npiregistry.cms.hhs.gov/</i>	
Verification of updated name change with NPI attached: (required)	
Copy of new professional license, registration, waiver, or certification attached, if applicable:	
<i>Note: a printout from DCA or another licensing agency is not sufficient.</i>	