Santa Barbara County Department of Behavioral Wellness

RxNT Registration Form

Submit RxNT Registration Form to: BWELLQCM@SBCBWELL.org

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

All fields are MANDATORY and must be completed Please type or print clearly in blue or black ink
Prescriber Name:
Prescriber Cell Phone Number:
Prescriber Email Address:
Professional License Number:
License Type:
Specialty: ☐ Psychiatric Hospital ☐ Psychiatric Residential Treatment Facility ☐ Psychiatric Unit ☐ Psychiatric & Neurology- Psychiatry
Medical Designation: ☐MD ☐DO ☐PA ☐NP
Professional License State:
National Provider Identifier (NPI Number):
DEA License Number:
Practice Name:
Office Point of Contact (POC): Frank Crowley
POC Email Address: fcrowle@sbcbwell.org
Primary Address:
Primary Phone Number:
Primary Fax Number:

Average Scripts/Week:
Name of Practice Management System:

Prescriber Signature Box:

Please keep signature in box

Date:

Internal Use Only
☐ Verified
☐ QCM submit RxNT form, a copy of prescriber's DEA certificate, and a copy of prescriber's professional license to Frank Crowley once the prescriber's ShareCare and Clinician's Gateway account has been created.

1449 Whitehall Road, Annapolis, MH 21409

Phone: 1-800-943-7968 ext. 7033

Fax: 410-670-7178

Email: mrodriguez@rxnt.com