

SJCBHS Staff ID (Provider ID) Request Form

Step 1: Complete this form for BHS EHR system access. (If staff worked for SJCBHS or BHS Contractor before and not information update needed, this form may not needed.)

NOTE: Information from this form must enter into Provider ID Request App

Step 2: After received Staff#, Complete Clinicians Gateway, Electronic Signature, and Portal Access Request forms.

Request Data

SOC: _____ Service provider: Yes No Contractor: : Yes No

Demographics

First Name

Middle Name

Last Name

Generation

Suffix

DOB: _____

HR Employee ID

Job Title

e-mail

RACE: _____

Gender: _____

Start Date: _____

Termination Date: _____

LANGUAGES (Required for Service provider)

Language: _____

Speak
Proficiency: _____

Read
Proficiency: _____

Prime _____

Prefer. _____

CLINICAL (Required for Service provider)

NPI: _____ Taxonomy: _____ License Group: _____

Year of Experience: _____ DEA: _____ DEA Expiration: _____

NACT Specific Data (Required for Service provider)

FTE Adult: _____ FTE CYS: _____ Adult PCT: _____ Hours CCT: _____

Contract Begin: _____ Contract End: _____ Telehealth _____ Max Caseload: _____

Field based Services Distance: _____

License Information

License Type: _____ State: _____ License #: _____

Begin Date: _____ Expire Date: _____

Facility Programs

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