

A-5 – FACILITY STAFFING DATA - Page 1

INSTRUCTIONS: Use this double sided form to identify all staff of the facility. Designate volunteers by placing a “V” after their names. Use additional sheets as needed.

Facility Name:			Provider #:		Counselor Information (A minimum of 30% of all staff who provide counseling services shall be licensed or certified.)				
Employee Information:	Date Hired	Last TB Test Date	First Aid and CPR required for licensed facilities only.		Licensed?	Certified?	Registered?	* Certified/Registered By: (Provide certification/registration # and organization (list below)) OR ** Licensed As: A. Psychologist D. LCSW B. MFT E. Registered C. Physician Intern	Effective and expiration dates of: Licensure, Certification, or Registration
			First Aid: Date of last Training	CPR: Date of last Training					
1. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
2. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
3. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
4. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
5. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date

DHCS 5050 (7/13)

*** APPROVED CERTIFYING ORGANIZATIONS**

- | | |
|---|--|
| 1. Board for Certification of Addiction Specialists (CAARR) | 4. Breining Institute |
| 2. California Certification Board of Alcohol and Drug Counselors (CAADAC) | 5. California Association of Drinking Driver Treatment Programs (CADDTP) |
| 3. California Association of Alcohol/Drug Educators (CAADE) | 6. American Academy of Health Care Providers in the Addictive Disorder (AAHCPAD) |

**** LICENSED PROFESSIONALS AND INTERN QUALIFICATION REQUIREMENTS**

Licensed professional means a physician licensed by the Medical Board of California; a psychologist licensed by the Board of Psychology; or a clinical social worker or MFT licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Behavioral Sciences or with the Board of Psychology.

A-5 – FACILITY STAFFING DATA – Page 2

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			First Aid: Date of last Training	CPR: Date of last Training					
6. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
7. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
8. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
9. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date
10. _____ Title: _____ Scheduled hours per week: _____					Yes No N/A	Yes No N/A	Yes No N/A	_____ Certification/registration # _____ Lic/Cert/Reg organization	_____ Effective date _____ Expiration date

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