

Staff Change Request Form

Agencies are required to notify the County of Marin, Behavioral Health & Recovery Services of all New Staff and changes to Existing Staff. Complete all fields and submit completed form to: LSteffy@marincounty.org.

Note: New MarinWITS accounts require this form to be submitted with a signed Electronic Signature Form.

Reason for Request		
<input type="checkbox"/> New User	<input type="checkbox"/> Change Permissions	<input type="checkbox"/> Close User Account
Requestor		
Agency Name: _____		
Supervisor: _____		
User Information		
User Name: _____		
User E-Mail Address: _____		
Gender: _____	Employment Start/End Date: _____	
License or Certification		
Type: _____	Certifying Organization: _____	
Identification Number: _____	Expiration Date: _____	
National Provider Identification (NPI) Number: _____		
Excluded Provider Check		
Date Verified: _____	Staff Exclusion Status: _____	
User's Permissions <i>(select all applicable permissions)</i>		
WITS Permissions:		Other Permissions:
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Clinical	<input type="checkbox"/> DATAR
<input type="checkbox"/> Billing	<input type="checkbox"/> Clinical Supervisor	<input type="checkbox"/> Online ASAM Training
<input type="checkbox"/> Reports	<input type="checkbox"/> Release to Billing	<input type="checkbox"/> Continuum User
<input type="checkbox"/> Rendering Staff Only-No access to MarinWITS	<input type="checkbox"/> Other: <i>(provide brief description)</i>	

List User's Facilities		

Signature of Authorized Requestor

Date

