

# New/Change Staff 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: [Cnisbet@marincounty.org](mailto:Cnisbet@marincounty.org). *Note: New SmartCare accounts require this form to be submitted with a signed Electronic Signature Form. <https://www.marinbhrs.org/sites/default/files/2021-09/WITS%20Electronic%20Signature.pdf>*

<b>Reason for Request</b>	
<input type="checkbox"/> New User	<input type="checkbox"/> Change Permissions
<input type="checkbox"/> Close User Account	
<b>Requestor</b>	
Agency Name: _____	
Supervisor: _____	
<b>User Information</b>	
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: _____	
<b>Excluded Provider Check</b>	
Date Verified: _____	Staff Exclusion Status: _____
<b>User's Permissions</b> <i>(select all applicable permissions)</i>	
SmartCare Permissions:	Other Permissions:
<input type="checkbox"/> Data Entry	<input type="checkbox"/> DATAR
<input type="checkbox"/> Clinical	<input type="checkbox"/> Online ASAM Training
<input type="checkbox"/> Billing	<input type="checkbox"/> Continuum User
<input type="checkbox"/> Clinical Supervisor	<input type="checkbox"/> Other: <i>(provide brief description)</i>
<input type="checkbox"/> Reports	_____
<input type="checkbox"/> Release to Billing	_____
<input type="checkbox"/> Rendering Staff Only-No access to SmartCare	
<b>Important: List User's Program(s)</b>	
_____	
_____	
_____	

\_\_\_\_\_  
Signature of Authorized Requestor

\_\_\_\_\_  
Date

