

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
STAFF PROFILE**

EACH EMPLOYEE IS RESPONSIBLE FOR COMPLETING INFORMATION ACCURATELY

Agency No.: ____ Satellite No.: ____ Staff ID: ____ Hire Date: ____

Termination Date: ____ Termination Reason: ____

Last Name: ____ **First Name:** ____ **M.I.:** _

Sex:

Birthdate: ____

Professional and Clinical Level Staff: ____

REIMBURSEMENT CODES

1 - Physicians 2 - Doctoral Degree 3 - Master Degree
4 - Bachelor Degree 5 - Para-professional

Race;

White Asian American Indian Hispanic/Latino Black/African American

FTE % of Direct Care: ____ %

Employee Status: _ 1- YES, 2 - NO

SSN: ____

NPI: ____

Bilingual Proficiency: (1=Yes/2=No) _ If Yes, Which Language(s): _ _ _

(If Language proficiency is 2 or 9, please specify the language) Specify: _

Job Title: ____

Primary Type of Service Provided:

Medical Services (M.D., D.O., Nurse, Pharmacist, etc.) Psychological or Counseling Services Case Management Services
Other Therapeutic Services (Occupational, Speech, Vocational, etc.) Administrative
Other

Highest Educational Level Attained: ____

HIGHEST EDUCATIONAL LEVEL ATTAINED

less Than High School High School Diploma College Credits, No Degree
Associate's Degree Bachelor's Degree

Licensure Achieved: (Put an X for all that apply)

Medical Doctor Doctor of Osteopathy Registered Pharmacist
Licensed Social Worker Licensed Professional Counselor Licensed Marital /Family Therapist
Licensed Behavioral Practitioner Registered Nurse Licensed Practical Nurse
Licensed Psychologist Licensed Residential Care Adm.
Licensed Physician's Assistant
Other ____

Certification Achieved: (Check all that apply)

Certified Alcohol /Drug Counselor Certified Alcohol Counselor Certified Case Manager
Certified Prevention Specialist Certified Domestic & Sexual Violence Response Professional Certified Nurse Assistant
Certified ASI
Other ____

Training Achieved: (Check if apply)

TASI
ODMHSAS ATR Staff Profile Revised June 5, 2008