**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Staff Roster**

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| **EMPLOYEE NAME** | **JOB TITLE** | **DISCIPLINE** | LICENSE/DEA # & EXP DATE | **DEGREE** | DAYS & HOURS WORK SCHEDULE | **NAME OF SUPERVISOR & DISCIPLINE** |
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