

NAPPA Practitioner Enrollment Data Collection Form

☐ NEW

☐ UPDATE IF YOU ARE UPDATING, ONLY COMPLETE THE APPLICABLE SECTION.

Personal Identification & Registration Maintenance

Practitioner Demographics

Each practitioner delivering services must have a National Provider Identification (NPI) as a unique identifier in the National Plan and Provider Enumerator System (NPPES). The First and Last Name listed must match exactly as identified in NPPES. If you need additional information or do not know the NPI number, go to: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

NPI: _____ First Name: _____ Last Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Another Gender Identity ☐ Genderqueer ☐ Transgender Female to Male ☐ Transgender Male to Female ☐ Undisclosed

Ethnic Origin: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown/Not Reported

Race:

<input type="checkbox"/> American Indian	<input type="checkbox"/> Central American	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Mexican	<input type="checkbox"/> Other Hispanic or Other Latino	<input type="checkbox"/> South American
<input type="checkbox"/> Armenian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Mien	<input type="checkbox"/> Other Middle Eastern	<input type="checkbox"/> Southern African
<input type="checkbox"/> Asian Native	<input type="checkbox"/> Cuban	<input type="checkbox"/> Iranian	<input type="checkbox"/> North African	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Unknown/Not Reported
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> East African	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	<input type="checkbox"/> Other Race	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Eastern European	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> West African
<input type="checkbox"/> Central African	<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Black	<input type="checkbox"/> Samoan	<input type="checkbox"/> White

Primary Work Address: _____

Primary Work Phone: _____ Work Cell Phone: _____

Category, Discipline & Taxonomy

For new practitioners, the Effective Start Date is the hire date. For updates, the Effective Start Date should be the date of the change in status (e.g., date practitioner became licensed)

Effective Start Date: _____

Category:

<input type="checkbox"/> Advanced Practice Pharmacist	<input type="checkbox"/> Licensed Psych Tech	<input type="checkbox"/> Occupational Therapists	<input type="checkbox"/> Student Nurse
<input type="checkbox"/> Associate Clinical Social Worker	<input type="checkbox"/> Licensed Psychiatrist, DO	<input type="checkbox"/> Other Mental Health Worker	<input type="checkbox"/> Student Nurse Practitioner (Psych/Mental Health)
<input type="checkbox"/> Associate Marriage and Family Therapist	<input type="checkbox"/> Licensed Psychiatrist, MD	<input type="checkbox"/> Other Student	<input type="checkbox"/> Student OT
<input type="checkbox"/> Associate Professional Clinical Counselor	<input type="checkbox"/> Licensed Psychologist PhD	<input type="checkbox"/> Peer (Non-Certified)	<input type="checkbox"/> Student Pharmacist
<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Licensed Psychologist PsyD	<input type="checkbox"/> Peer Specialist (Certified)	<input type="checkbox"/> Student Physician Assistant
<input type="checkbox"/> Community Worker	<input type="checkbox"/> Licensed Resident Physician	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Student Psych Tech
<input type="checkbox"/> Financial Worker	<input type="checkbox"/> Licensed Vocational Nurse	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Student/Intern Psychologist
<input type="checkbox"/> Licensed Clinical Social Worker	<input type="checkbox"/> LVN Student	<input type="checkbox"/> Professional Clinical Counselor Trainee (Student)	<input type="checkbox"/> Unlicensed Resident Physician
<input type="checkbox"/> Licensed Marriage and Family Therapist	<input type="checkbox"/> Marriage and Family Therapist Trainee (Student)	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Waivered Psychologist PhD
<input type="checkbox"/> Licensed Physician, DO	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Social Work Intern (Student)	<input type="checkbox"/> Waivered Psychologist PsyD
<input type="checkbox"/> Licensed Physician, MD	<input type="checkbox"/> Mental Health Rehabilitation Specialist	<input type="checkbox"/> Student Advanced Practice Pharmacist	
<input type="checkbox"/> Licensed Professional Clinical Counselor	<input type="checkbox"/> Nurse Practitioner (Psych/Mental Health)	<input type="checkbox"/> Student Clinical Nurse Specialist	

Taxonomy: The following selection must match information in NPPES but does NOT have to be the primary taxonomy in NPPES. *Note: Refer to the [Guide to Procedure Codes](#) for a list of taxonomies allowable under each of the above categories.*

<input type="checkbox"/> 101Y00000X	<input type="checkbox"/> 103TC2200X	<input type="checkbox"/> 163WP0808X	<input type="checkbox"/> 1835G0303X	<input type="checkbox"/> 2084F0202X	<input type="checkbox"/> 225800000X	<input type="checkbox"/> 364SC1501X
<input type="checkbox"/> 101YA0400X	<input type="checkbox"/> 103TF0200X	<input type="checkbox"/> 163WP0809X	<input type="checkbox"/> 1835N0905X	<input type="checkbox"/> 2084N0400X	<input type="checkbox"/> 225A00000X	<input type="checkbox"/> 364SP0807X
<input type="checkbox"/> 101YP2500X	<input type="checkbox"/> 103TP2701X	<input type="checkbox"/> 164X00000X	<input type="checkbox"/> 1835N1003X	<input type="checkbox"/> 2084P0800X	<input type="checkbox"/> 225C00000X	<input type="checkbox"/> 364SP0808X
<input type="checkbox"/> 101YS0200X	<input type="checkbox"/> 104100000X	<input type="checkbox"/> 167G00000X	<input type="checkbox"/> 1835P0018X	<input type="checkbox"/> 2084P0802X	<input type="checkbox"/> 225X00000X	<input type="checkbox"/> 364SP0809X
<input type="checkbox"/> 102X00000X	<input type="checkbox"/> 1041C0700X	<input type="checkbox"/> 171M00000X	<input type="checkbox"/> 1835P0200X	<input type="checkbox"/> 2084P0804X	<input type="checkbox"/> 225XM0800X	<input type="checkbox"/> 364SP0810X
<input type="checkbox"/> 103T00000X	<input type="checkbox"/> 1041S0200X	<input type="checkbox"/> 172V00000X	<input type="checkbox"/> 1835P1200X	<input type="checkbox"/> 2084P0805X	<input type="checkbox"/> 363A00000X	<input type="checkbox"/> 364SP0811X
<input type="checkbox"/> 103TA0400X	<input type="checkbox"/> 106H00000X	<input type="checkbox"/> 174400000X	<input type="checkbox"/> 1835P1300X	<input type="checkbox"/> 208D00000X	<input type="checkbox"/> 363AM0700X	<input type="checkbox"/> 364SP0812X
<input type="checkbox"/> 103TA0700X	<input type="checkbox"/> 163W00000X	<input type="checkbox"/> 175T00000X	<input type="checkbox"/> 1835P2201X	<input type="checkbox"/> 221700000X	<input type="checkbox"/> 363L00000X	<input type="checkbox"/> 364SP0813X
<input type="checkbox"/> 103TB0200X	<input type="checkbox"/> 163WA0400X	<input type="checkbox"/> 183500000X	<input type="checkbox"/> 1835X0200X	<input type="checkbox"/> 222Q00000X	<input type="checkbox"/> 363LC1500X	<input type="checkbox"/> 374700000X
<input type="checkbox"/> 103TC0700X	<input type="checkbox"/> 163WC1500X	<input type="checkbox"/> 1835C0205X	<input type="checkbox"/> 183700000X	<input type="checkbox"/> 225400000X	<input type="checkbox"/> 363LP0808X	<input type="checkbox"/> 3747A0650X
<input type="checkbox"/> 103TC1900X	<input type="checkbox"/> 163WP0807X	<input type="checkbox"/> 1835G0000X	<input type="checkbox"/> 2080P0006X	<input type="checkbox"/> 225600000X	<input type="checkbox"/> 364S00000X	<input type="checkbox"/> 390200000X

The "90-day rule" is a clause in the law that allows applicants for registration as an AMFT, APPC, or ACSW (Associate), to count supervised experience gained during the window of time between the degree award date and the issue date of the Associate registration number. See [QA Bulletin 24-01](#).

NPPES/ CA License/Registration No: _____ CA License Number Pending Per 90-Day Rule: ☐ YES ☐ NO

All Specialty Mental Health Services (SMHS) practitioners within specific licensed disciplines must enroll in the DHCS Provider Application and Validation for Enrollment (PAVE) portal. See [QA Bulletin 20-07R](#).

DEA Number: _____

PAVE Enrollment: ☐ COMPLETED ☐ IN PROCESS

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Cultural Competency Training

Cultural Competency Training Completed: ☐ YES ☐ NO

Most Recent Training Completed (Month/ Year/ Hours): Month: _____ Year: _____ Hours: _____

Languages

Does the practitioner speak any other languages? ☐ YES ☐ NO If yes, please indicate the language(s) & proficiency below.

Fluent: Possesses oral and/or written proficiency equivalent to that of a native speaker.

Certified: Officially recognized as possessing certain qualifications or meeting certain standards based on formal testing.

	Arabic	Armenian	American Sign Language (ASL)	Cambodian	Cantonese	Chinese	Farsi	Hmong	Korean	Mandarin	Russian	Spanish	Tagalog	Vietnamese	Other Language: Please specify
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Population

These fields allow the public and other providers to search for a practitioner that specializes in specific special populations and diagnoses. No specific certification is required. Selection should be based on the practitioner's professional judgement and comfort level with promoting services to the public associated with a Special Population or DSM5 Practice Focus.

Special Population

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Co-Occurring Substance Use Disorders | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Underrepresented Populations |
| <input type="checkbox"/> Disabilities/Special Needs | <input type="checkbox"/> Homeless/Housing | <input type="checkbox"/> Spirituality | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Forensic/Legal | <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Trauma | <input type="checkbox"/> Other Population/Cultural |

DSM5 Practice Focus

- | | | |
|--|---|---|
| <input type="checkbox"/> Disorders First Diagnosed in Infancy/Childhood or Adolescence | <input type="checkbox"/> Bi-polar Disorders | <input type="checkbox"/> Sexual and Gender Identity Disorders |
| <input type="checkbox"/> Delirium/Dementia and Amnesic and other Cognitive Disorders | <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Mental Disorders Due to a General Medical Condition | <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Substance-Related Disorders | <input type="checkbox"/> Somatoform Disorders | <input type="checkbox"/> Impulse-Control Disorders |
| <input type="checkbox"/> Schizophrenia and Other Psychotic Disorders | <input type="checkbox"/> Factitious Disorders | <input type="checkbox"/> Adjustment Disorders |
| <input type="checkbox"/> Depressive Disorders | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Personality Disorders |

Network Adequacy

General Information

- ☐ I provide direct treatment services on a regular basis to clients (i.e. Mode 15 Services – MHS, CI, MSS, TCM)
- ☐ I provide Community Outreach Services (COS) or CalWORKS services only (only complete Service Location Number below)
- ☐ I am a supervisor and will not be available to see clients on a regular basis (only complete Service Location Number below)

Supervisor should assist with this section. If the practitioner will be providing direct treatment services on a regular basis, indicate the number of hours available each week and caseload for direct treatment at each service location as well as for each age group. A total of 40 hours is accurate for the majority of practitioners. Caseload is the number of clients assigned. If the practitioner does not carry a traditional caseload, you can use the number of clients seen in the most recent 40-hour work period.

Service Location Number	Hours available per week per age group		Caseload		Telehealth Practitioner	Field-Based Services Available	Distance Practitioner Travels to Field-Based Svc
			Current Number	Maximum Number	YES	YES	
	FTE for 0-20				<input type="checkbox"/>	<input type="checkbox"/>	
	FTE for 21+						
	FTE for 0-20				<input type="checkbox"/>	<input type="checkbox"/>	
	FTE for 21+						
	FTE for 0-20				<input type="checkbox"/>	<input type="checkbox"/>	
	FTE for 21+						

Offsite Services

Only enter community locations where regularly scheduled services are provided, such as shelters or community centers. Do not list any client home addresses or meeting locations that are not regularly scheduled. Service locations (or sites) are not added here.

Organization Name	Address	City	Suite	State	Zip	Frequency of Practitioner Using Offsite Location