**Provider Request to Add/Drop PEI Practice**

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| Agency: | Click here to enter agency name. | | | | |
| LE Number | Click here. | Provider Number(s): | | | Click here to enter PN(s). |
| Contact Name: | Click here to enter contact person regarding this form. | | | | |
| Phone Number: | Click here. | | E-mail: | Click here to enter e-mail. | |

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| Providers requesting to add or drop a Practice must complete this add/drop form (including cases of updating information in the Provider PEI Practice List).  **INSTRUCTIONS:**   1. Fill out the table below by selecting the Practice and the requested action from the drop-down lists. For Practices to be added, mark the check boxes for the age group(s) to be served, and if outcome measure and/or outcome measure trainings are needed. 2. Complete the Add/Drop form Attachment to identify the clinicians who were trained or currently in-training for the Practice to be added. There must be one Attachment for every Practice to be added for every Provider Number listed above. 3. All completed forms and attachments must be forwarded to the lead District Chief for approval and signature. The District Chief’s analyst (staff) will e-mail the approved documents to PEI Administration at [mhsapei@dmh.lacounty.gov](mailto:mhsapei@dmh.lacounty.gov). |

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| PEI Practice | Action | Age Group to be Served | Outcome Measure |
| Click here to select a Practice. | Choose an Action. | Child (0-15 y/o)  TAY (16-25 y/o)  Adult (26-59 y/o)  Older Adult (60+ y/o) | Need outcome measure  Need training in the measure |
| Click here to select a Practice. | Choose an Action. | Child (0-15 y/o)  TAY (16-25 y/o)  Adult (26-59 y/o)  Older Adult (60+ y/o) | Need outcome measure  Need training in the measure |
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\*DBT and PE-PTSD are currently applicable to DMH directly-operated clinics only.

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| Approve the Request:Yes No | | | | |
| Lead District Chief: | | Click here to enter district chief. | | |
| Signature: |  | | Date: |  |