## FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE

**CERTIFIED PEER SUPPORT SPECIALIST AND CERTIFIED SUPERVISING PEER SUPPORT SPECIALIST CREDENTIALING APPLICATION**

## please Provide copies of:

* 1. Government Issued Photo ID (Driver’s License, Identification Card, U.S. Passport, etc.).
  2. Peer Support Specialist certificate.
  3. Supervisor’s Supervision of Peer Workers Training certificate of completion.
  4. Your current Curriculum Vitae or Resume.
  5. Release of Information (Certification) form.

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| Please send the completed Application and additional forms listed above, via one of these methods: | |
|  |  |
| **Hand Deliver:** | **Mail:** |
| Fresno County Plan Administration Credentialing | Fresno County Plan Administration Credentialing |
| 1925 E. Dakota Avenue, M/S 271 | P.O. Box 45003 |
| Fresno, CA 93726 | Fresno, CA 93718-9886 |
|  |  |
| **Email:** [*DBHPACredentialing@fresnocountyca.gov*](mailto:DBHPACredentialing@fresnocountyca.gov) |  |
|  |  |
| **Fax:** 559-455-4633 |  |
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| If you have questions regarding this application, please call Plan Administration Credentialing at 559-600-4645. | |

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***NO clinical services are to be provided by these individuals.***

**Submission Date:** Click or tap to enter a date

**Have you previously applied for credentialing with the FCMHP or DMC-ODS?**  Yes  No

Please complete all sections. Enter “N/A” if not applicable. Verify all elements of the application are included or it will not be processed. Please type or print information. **If the application needs updates during the credentialing process, a new dated signature attestation will be required.** ***Approval of credentialing is based on regulatory requirements being met. Your ability to provide services could be impacted by a delay.***

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| A – ORGANIZATIONAL Information | | | | | | |
| Organization Name: | | | Location: | | | |
| Program Name: | | | Program Number: | | | |
| **B - APPLICANT INFORMATION** | | | | | | |
| Name (As it appears on NPI profile): | | | | | | DOB: |
| Practice Address (Must match NPI): | | | | | Gender: | |
| City: | | State: | | | ZIP: | |
| Phone: | | E-mail Address: | | | | |
| Website: | | | Is site ADA Compliant? Choose an answer | | | |
| Social Security Number: | | | Ethnicity: | | | |
| Previous (Full) Name(s) You’ve Worked Under: | | | | | | |
| Languages spoken fluently (besides English): | | | | | | |
| |  |  | | --- | --- | | **Enter your licensing information:** Certification number and expiration date | | |  | | | *For all Peer Support Specialists: Please provide the name and license/certification information of your supervisor.*  *Your supervisor must be a BHSOC credentialed provider and be able to supervise according to your licensing/certifying organization.* | | **Supervisor’s Name:**        **Licensing/Certifying Organization and Number:** | | | | | | | |
| Are you applying as a Supervising PSS?  Yes  No | | |  | | | |
| C - National PROVIDER IDENTIFIER (npi) *– Practice address must match primary practice address* **AND TAXONOMY NUMBER** | | | | | | |
| NPI Number: | | | Taxonomy Number: Choose an item | | | |
| **D – CONTACT PERSON FOR THIS REQUEST** | | | | | | |
| Name: | Phone #: | | | Email: | | |

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| **E – EMPLOYMENT/WORK HISTORY –** *Current and/or previous last 10 years (add additional rows as needed)* | | | |
| Organization | Dates  From - To | Reason for Leaving | Supervisor  Name, Title, Phone No. |
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| **F - PROFESSIONAL HISTORICAL DATA ATTESTATION** | | | |
| You must answer all questions below. **If you answer “Yes” to any questions, please provide a detailed explanation on a separate page.** The explanation should include dates, circumstances of the incident, outcome, current disposition, etc. | | | |
| **1** | **Yes  No** | Any professional license/certification/registration ever denied, revoked, limited, suspended, or voluntarily surrendered? | |
| **2** | **Yes  No** | Do you suffer from any physical or psychological illness, problem, injury, or health condition that may limit, impair, or affect your ability to practice? | |
| **3** | **Yes  No** | Have you ever been denied membership or renewal thereof, or been subject to probation, reprimand, censure, sanction, under investigation or disciplined by any health care organization, including but not limited to: Fresno County or another county mental health plan*,* hospitals, health care facilities*,* HMOs, PPOs, independent practitioner associations, professional associations, groups or societies, ethics committee, state licensing boards, certification boards or examiners, professional standards review organization (PSRO), peer-review organization (PRO), or educational/training institution? | |
| **4** | **Yes  No** | Are you currently or have you ever been excluded, debarred, suspended or otherwise ineligible to participate in the Federal (Medicare & Medi-Cal) health care programs, i.e., are you considered an “ineligible person” for billing Federal health care programs? | |
| **5** | **Yes  No** | Have you been convicted of a criminal offense that will make you an “ineligible person,” but you are not yet excluded from participating in Federal health care programs? | |
| **6** | **Yes  No** | Have you ever been convicted, suspended, or assessed a civil penalty under the anti-fraud and abuse provision of the Medicare or Medicaid program? | |
| **7** | **Yes  No** | Are you currently under investigation by the Medicare and/or Medicaid programs? | |
| **8** | **Yes  No** | Have any malpractice claims been filed against you during the past seven (7) years? | |
| **9** | **Yes  No** | Have you ever been convicted of gross misconduct, a felony, or a crime of moral turpitude? | |
| **10** | **Yes  No** | Are you presently using any illegal drugs? | |
| **H- SIGNATURE** *– Please read this statement before signing:* | | | |
| **My signature certifies that all the information on this Application, and any attached explanation page(s) is true, correct, and complete.** Information provided on this application may be verified, including but not limited to, by contacting former employers. ***I understand and agree that any misstatements or omissions of material facts herein may cause forfeiture on my part of my right to participate as a provider with the Fresno County DMC-ODS & Mental Health Plan.*** | | | |
| Signature: | | | Date: |

**FRESNO COUNTY BEHAVIORAL HEALTH SYSTEM OF CARE**

**RELEASE OF INFORMATION**

**PEER SUPPORT SPECIALIST**

**CERTIFICATION**

I, the undersigned, hereby attest that the information given in or attached to this Application is accurate and complete. I specifically authorize you and your authorized representatives to consult with any third party which may have information bearing on the subject matter addressed by this Application, and to inspect or obtain any reports, records, recommendations, or other documents or disclosures from third parties that may be material to the questions in the Application. I also specifically authorize any third party to release information to you and/or your authorized representatives upon request.

I hereby release you and/or your authorized representatives and any third parties, from any liability for any reports, records, recommendations, or other documents or disclosures involving me that are made, requested, or received by you and/or your authorized representatives to, from, or by third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this Application.

I warrant that I am authorized to sign this Application, on behalf of any entity or organization for which I am signing in a representative capacity. I understand that if this Application is accepted by the Fresno County DMC-ODS or Mental Health Plan, I will be bound by current State and Federal regulations.

**Your signature is required to complete this Application.**

**Stamped signatures are not acceptable.**

Organization Name:

Printed Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

*Fresno County is an equal opportunity, disabilities, affirmative action organization that does not discriminate in regard to race, color, religion, sex, national origin, age (40 or older), disability (physical or mental), medical condition, pregnancy, genetic information, ancestry, sexual orientation, marital status, veteran/military status, or any other basis protected by Federal or State law.*

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| **Explanation for “Crime of Moral Turpitude” from Question 9 of the Professional Historical Data Attestation** |
| **Crimes Against Property** |
| **Crimes involving moral turpitude**  Fraud: Making false representation; Knowledge of such false representation by the perpetrator; Reliance on the false representation by the person defrauded; An intent to defraud; The actual act of committing fraud  Evil Intent: Arson; Blackmail; Burglary; Embezzlement; Extortion; False pretenses; Forgery; Fraud; Larceny (grand or petty); Malicious destruction of property; Knowingly Receiving stolen goods; Robbery; Theft (when it involves the intention of permanent taking); Transporting stolen property (with guilty knowledge) |
| **Crimes not involving moral turpitude**  Damaging private property (where intent to damage not required); Breaking and entering (requiring no specific or implicit intent to commit a crime involving moral turpitude); Passing bad checks (where intent to defraud not required); Possessing stolen property (if guilty knowledge is not essential); Joy riding (where the intention to take permanently not required); Juvenile delinquency; Trespassing |
| **Crimes Against Governmental Authority** |
| **Crimes involving moral turpitude**  Bribery; Counterfeiting; Fraud against revenue or other government functions; Mail and wire fraud; Perjury; Harboring a fugitive from justice (with guilty knowledge); Tax evasion (willful) |
| **Crimes not involving moral turpitude**  Black market violations; Breach of the peace; Carrying a concealed weapon; Desertion from the Armed Forces; Disorderly conduct; Drunk or reckless driving; Driving while license suspended or revoked; Driving without insurance; Drunkenness; Escape from prison; Failure to report for military induction; False statements (not amounting to perjury or involving fraud); Firearm violations; Gambling violations; Immigration violations; Liquor violations; Loan sharking; Lottery violations; Minor traffic violations; Operating a pirate radio or television station; Possessing burglar tools (without intent to commit burglary); Smuggling and customs violations (where intent to commit fraud is absent); Tax evasion (without intent to defraud); Vagrancy |
| **Crimes Against Person, Family Relationship and Sexual Morality** |
| **Crimes involving moral turpitude**  Abandonment of a minor child (if willful and resulting in the destitution of the child); Adultery (see INA 101\*\* repealed by Public Law 97-116); Assault (this crime is broken down into several categories, which involve moral turpitude): Assault with intent to kill, commit rape, commit robbery or commit serious bodily harm / Assault with a dangerous or deadly weapon; Bigamy; Paternity fraud; Contributing to the delinquency of a minor (where sexual); Gross indecency; Incest (if the result of an improper sexual relationship); Kidnapping; Lewdness; Manslaughter: Voluntary / Involuntary (where the statute requires proof of recklessness, which is defined as the awareness and conscious disregard of a substantial and unjustified risk which constitutes a gross deviation from the standard that a reasonable person would observe in the situation. A conviction for the statutory offense of vehicular homicide or other involuntary manslaughter requires only a showing of negligence will not involve moral turpitude even if it appears the defendant in fact acted recklessly); Mayhem; Murder; Pandering; Prostitution; Rape (including "Statutory rape" by virtue of the victim's age) |
| **Crimes not involving moral turpitude**  Assault (simple) (any assault, which does not require an evil intent or depraved motive, although it may involve the use of a weapon, which is neither dangerous nor deadly); Bastardy (the offense of begetting a bastard child); Creating or maintaining a nuisance (where knowledge that premises were used for prostitution is not necessary); Incest (when a result of a marital status prohibited by law); Involuntary manslaughter (when killing is not the result of recklessness); Libel; Failure to register as a sex offender[14]; Mailing an obscene letter; Mann Act violations (where coercion is not present); Riot; Sexual harassment; Suicide (attempted) |
| **Attempts, Aiding and Abetting, Accessories and Conspiracy** |
| **Crimes involving moral turpitude**  An attempt to commit a crime deemed to involve moral turpitude; Aiding and abetting in the commission of a crime deemed to involve moral turpitude; Being an accessory (before or after the fact) in the commission of a crime deemed to involve moral turpitude; Taking part in a conspiracy (or attempting to take part in a conspiracy) to commit a crime involving moral turpitude where the attempted crime would itself constitute moral turpitude. |
| **Crimes not involving moral turpitude – N/A** |