Riverside University HEALTH SYSTEM Behavioral Health

Riverside University Health System – Behavioral Health
LPS 5150 Certification & Oversight
5150 Authorization Status Change Form

Status Change Type: ☐ Add ☐ Change **Requested Change Effective Date:** ____________

Specific Change Related to: ☐ Employer/Worksite ☐ Supervisor ☐ Personal Name

Existing Name of Authorized Staff on File: ______________________________

Discipline & License #: ☐ AMFT ☐ LMFT ☐ ACSW ☐ LCSW ☐ Psy.D ☐ Ph.D ☐ MD ☐ DO

☐ RN ☐ Tribal Ranger ☐ Other, specify____________ **License/Registration#:**______________

Existing Employer/Work Site on File: ______________________________

Work Number: ____________________ Email Address: ____________________

Name of Supervisor: ____________________ Supervisor's Work Number: ____________________

Supervisor's Email Address: ____________________

****Please ONLY complete the section you are adding or changing****

<u>Employer/Work Site:</u>

New Employer/Work Site: ______________________________

New Work Number: ____________________

<u>Supervisor</u>:

New/Additional Supervisor: ______________________________

New/Additional Supervisor Work Number: ____________________

<u>Name Change:</u>

New Name: ______________________________

****SIGNATURES** (requires both authorized person and supervisor)**

______________ ______________________________
(Date) (Authorized Staff Signature) (Title)

______________ ______________________________
(Date) (Supervisor's Signature) (Title)

Send this completed form to LPS 5150 Certification & Oversight at: 5150@ruhealth.org

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The section below to be completed by LPS 5150 Staff.

______________ ______________________________
(Date) (LPS 5150 Staff Signature)