



Riverside University Health System – Behavioral Health
LPS 5150 Certification & Oversight
Application for 5150 Authorization

Behavioral Health

Application Type: [] New [] Renewal Preferred Training Date: _____

Name of Applicant: _____ Employee ID#: _____

Discipline & License #: [] AMFT [] LMFT [] ACSW [] LCSW [] APCC [] LPCC [] MD [] DO
[] RN [] Psy.D [] Ph.D [] Tribal Ranger [] Other, specify _____

Employer/Agency: _____ Work Number: _____

Site Address: _____ City: _____ Zipcode: _____

License/Registration#: _____ Email Address: _____

To be authorized as:

- [] RUHS BH Employee [] Employee of RUHS BH contract provider
[] Employee at RUHS BH designated facility
[] Other professional (i.e., emergency department doctor, nurse, social worker, tribal ranger)

REQUIRED: The undersigned certifies that the applicant has _____ years of experience providing services to individuals with mental illness. In addition, the applicant meets the necessary requirements for designation according to RUHS BH Policy #142.

Signature of Applicant Job Title Date
REQUIRED Signature of Supervisor Job Title Date

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

Email of Supervisor: _____

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

The section below to be completed by LPS 5150 Staff regarding authorization outcome.

- [] RENEWAL: Based upon the LPS 5150 Certification and Oversight review of the applicants 5150s written, the applicant is hereby granted a renewal of 5150 authority to initiate detention, upon probable cause, of mentally disordered persons in a facility designated by Riverside County as a facility for 72-hour treatment and evaluation in accordance with the above policies and the Welfare & Institutions Code. This authorization will expire on _____.
[] NEW AUTHORIZATION: Based upon the completion of the training on _____ and passing the 5150 exam, the applicant is hereby granted 5150 authority to initiate detention, upon probable cause, of mentally disordered persons in a facility designated by Riverside County as a facility for 72-hour treatment and evaluation in accordance with the above policies and the Welfare & Institutions Code. This authorization will expire on _____.
[] DENIED: Applicant's request for 5150 authorization is denied for the following reason(s):
[] Did not pass 5150 exam. Date of exam: _____. Score: _____.
[] Renewal denied. Upon LPS 5150 review, applicant has excessive deficiencies in 5150s written.

(LPS 5150 Staff Signature) (Date)