

Mid South Substance Abuse Commission

New Employee Verification Form

Please complete the following information within **thirty (30) days of hire** as per the SUD Treatment & Prevention Staff Certification & Qualifications Requirements Policy and submit to the Mid-South Treatment Manager by mail or fax (Fax:517-337-8578). This form will also be used to facilitate a new clinician's access to the CareNet system. If you have any questions, please contact the Treatment Manager at (517) 337-4406, x113.

Program Name of Specific Site: _____

Employee Name: First _____ MI: _____ Last: _____

Date of Hire: ____/____/____ Phone Number: (____) ____/____/____ Ext _____

Primary Source Verification Completed: Yes No

Criminal Background Check Completed: Yes No

Position hired for: Clinical _____ Non-Clinical (Clerical, Billing, Administrative, etc)
(Position Title)

Please Check if you only want the individual to be added to the clinician list and a CareNet Log-in ID is **NOT** required.

Indicate all Levels of Care: Outpatient IOP Detox Residential Methadone

Indicate all Service Categories: Assessment Individual Group Didactic Case Management

Please check all that apply.

This employee is hired for a non-certified position:

Specifically Focused Treatment Staff _____
(Position Title)

Treatment Adjunct Staff _____
(Position Title)

This employee holds the following Credential(s):

- CCS-M (Certified Clinical Supervisor- MI) CCS-R (Certified Clinical Supervisor – IC&RC)
 CAC-M (Certified Addictions Counselor- MI) CAC-R (Certified Addictions Counselor –IC&RC)
 CAAC (Certified Advanced Addiction Counselor – IC&RC) CCJR-R (Certified Criminal Justice Professional – IC&RC)

This employee is currently pursuing the following Credential:

- CCS-M (Certified Clinical Supervisor- MI) CCS-R (Certified Clinical Supervisor – IC&RC)
 CAC-M (Certified Addictions Counselor- MI) CAC-R (Certified Addictions Counselor –IC&RC)
 CAAC (Certified Advanced Addiction Counselor – IC&RC) CCJR-R (Certified Criminal Justice Professional – IC&RC)

Expected Completion Date: _____

This employee has a Bachelors degree in one of the following:

- Social Work Intern
 Clinical Psychology Other counseling related field, please specify _____
 Guidance & Counseling

This employee has a Masters degree in one of the following:

- Social Work Guidance & Counseling
 Clinical Psychology Intern

Other counseling related field, please specify _____

This employee has current licensure as a physician or Ph.D. psychologist.

What additional educational and/or experience does this employee have to qualify for performing the duties of this position? (If more space is needed, write on the back of this form or attach an additional sheet.)

Signature attests to the accuracy and completeness of all verification information in compliance of our SUD Treatment & Prevention Staff Certification & Qualifications Requirements Policy (A013).

Program Director's Signature

____/____/____
Date