**MPDS Activation/Deactivation Form**

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| **Requesting:** | Activation | Deactivation  **Date Staff left employment**: | Note: If deactivation, you only need to fill out agency and staff name. For all staff being added – ALL information must be completed. |
| **Agency:** |  | | |
| **Staff Information:** | | | |
| **Name:** |  | | |
| **Work Address:** |  | | |
| **Work Telephone Number:** |  | | |
| **Work Email Address:** |  | | |
| **Add Staff As** | User Only (has access to enter data, but doesn’t provide services) | Staff Only (provides services but will not be entering data in the system.) | Both (provides services and enters data in the system) |
| **Start Date for Staff:** |  | | |
| **Staff Certification: (note – not needed for User only)** | CPS-M  CPS  CPC-M  CPC  **Expiration Date:** | MCBP Developmental Plan  **Plan Start Date:**  **Plan End Date:** | Other:  Specifically, Focused Staff    **Name of Specific Curriculum Staff will be providing:**  **Please attach training certificate for program.** |
| **For staff on a developmental plan, please enter the name of person who will be supervising the plan.** | | **Note:** Staff can not be added to the MPDS System without a MCBAP Prevention Certification, a Registered Development Plan, or a training certificate if Specifically, Focused Staff | |

**Please fill out completely and email to Sarah Andreotti, Kari Gulvas or Jill Worden.**