**Instructions:** The form below must be submitted to MSHN for staff who are not certified or have not registered a development plan with MCBAP but are in the process of obtaining certification or a registered development plan.  This form must be signed by the requesting staff person and the Program Director.

|  |  |
| --- | --- |
| **Requesting Staff Person Name and Title**: | **Organization**: |

This is a formal request for temporary privileges to provide the following Substance Use Disorder services within MSHN’s 21 county region (please check appropriate box below):

**Treatment services** (Screenings, Assessments, Individual, and Group Therapy)

**Prevention services** (excluding specifically focused types of services provided consistently)

I understand that this request must be submitted to MSHN if I intend to provide services prior to obtaining Certification and/or formal registration of a Development Plan with MCBAP. I understand it is the responsibility of the requestor and the organization to maintain documentation of this request and subsequent documentation in obtaining MCBAP certification and/or formal registration of a Development Plan. I understand that if temporary privileging is granted, it shall expire **120 days** after the MSHN decision effective date.

**Staff Member Signature Date**

**Organization Program Director Signature**  **Date**

Submit completed requests to the [QAPI@midstatehealthnetwork.org](mailto:QAPI@midstatehealthnetwork.org)

*Approval – To be completed by MSHN.*

Effective Date Expiration Date

MSHN Approval Signature