**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 MCBAP Certified Supervisor.

|  |  |
| --- | --- |
| **Provider Name and Title**: | **Organization**: |

This is a formal request for temporary privileges to provide Substance Use Disorder services including (please check appropriate box below):

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

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

These services are to be provided to persons residing in MHSN’s 21 county region. 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 and that my employer will notify MSHN upon my formal certification and/or formal registering of my plan with MCBAP. If temporary privileging is granted, it shall expire **120 days** after the MSHN decision effective date.

**Staff Member Signature Date**

**MCBAP Certified Supervisor Signature**  **Date**

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

*If Staff Member requires access to REMI, complete the* [*REMI*](http://www.midstatehealthnetwork.org/provider-network/docs/MSHNCareNetAccessRequsetFormPDF.pdf) *Multi User Access Form*

*MSHN Approval*

Signature Expiration Date