

**direct staff credentials worksheet – fy 2019-2020**

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| **Program Name** |  |  | **Contact Person** |  |  |
| [ ]  **Original** | [ ]  **Revision**  |  |  |  **Submission Date** Click or tap to enter a date. |
| **Name** | **Title/Position** | **Prevention Certification****Designation OR Development Plan (include Supervisor’s Name) &****Registration & Expiration Dates** | **Other License** | **Education/Experience** | **% of FTE**  | **MPDS log-in needed? if yes, provide email, phone number, and indicate if User or Staff** |
| ***SAMPLE*** | ***Sue Jones*** | ***Program Supervisor*** | ***CPC - R*** | ***LMSW*** | ***LMSW******7 years’ experience*** ***SUD Prevention/Treatment*** | **100%** | suejones@townsville.org***734-555-5555 User*** |
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| **CONTRACTUAL STAFF:** |
| **Name** | **Title/Position** | **Prevention Certification****Designation OR Development Plan (include Supervisor’s Name) &****Registration & Expiration Dates** | **Other License** | **Education/Experience** | **% of FTE** | **MPDS log-in needed? if yes, provide email, phone number, and indicate if User or Staff** |
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