

**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](mailto: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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