MD-APP

New Online Application Implementation for Credentialed/Non-Credentialed Staff & Avatar Users

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What is MD-App?

MD-App is a secure online application platform that is part of our New MD-Staff credentialing system

- Applicants can login, modify, and submit applications online from anywhere using the web browser on their computer/laptop, iPhone, iPad, or Android phone/tablet
- MD-App includes built-in lookup tables and reference addresses minimizing the time needed to fill out the application, while expediting the application process and reducing errors
- Documents can be uploaded and signed electronically using DocuSign

Implementation Date

Starting January 1, 2020

MD-App will replace the following paper applications:

- Certification and Verification for Avatar Staff ID (Attestation for Non-Licensed Staff)

- Certification and Verification for Avatar Staff ID (Licensed/Waivered/Registered/Certified Staff)

How does MD-APP work?

You will receive an email with link from the Compliance Department (noreply@mdstaff.com) with the appropriate application template


MD-App: Begin Application for Kellee Hom22

noreply@mdstaff.com(noreply@mdstaff.com via mail.asm-cloud.com)
To   Hom, Kellee (DPH)

↩ Reply   ↩ Reply All   → Forward

Thu 5:1

ⓘ The actual sender of this message is different than the normal sender. Click here to learn more.

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Kellee Hom22,

Kellee Hom22 has been approved to start an online application for SFDPH Test. To begin the application please visit https://www.mdapp.com/sfdph

If you do not already have an MD-App password, follow this link to create a password: https://na01.mdapp.com/app-5/sfdph/Account/ResetPassword?Authorization=c21d4e49-5fc7-41be-b831-394db5908dbd

If the link above does not work, please click here to reset your password. Your username is your email: https://na01.mdapp.com/app-5/sfdph/Account/ResetPassword?Authorization=c21d4e49-5fc7-41be-b831-394db5908dbd

This link is valid until: 11/1/2019 5:13 PM

Set up Password

MD-App

Enter a new password below to activate your account

New Password

Confirm Password

Confirm Password

Submit

Application Home Page

Amanda Benton

0 / 7 Steps Complete
- 1 application to complete
- 6 documents to sign

`0%`

Applications

Application	Status	Last Modified	Facilities		
BHS Credentialing Application	Authorized	11/05/2019	BHS MHS	Start Application	Decline ▾

Documents to Sign

Document	
BHS Residential Release Form, BHS Attestation Questions, BHS Provider Agreement and Disclosure**(+ 3 more)**	Finish Signing

Documents to Download

Document	
DPH User Confidentiality - Sign	Download

Personal Information

Please enter name it appears as it appears on professional license or registration.

Mandatory fields are shown in RED. Click **"Edit"** to modify this section and **"Save"** to save the information and navigate forward or backward in the application.

Instructions

⚠ **Personal Information (0/1)**

✔ Program/Agency

✔ Professional License,Registration,Waiver or AOD Registration/Certification

✔ DEA (if applicable)

✔ DEA X-License (if applicable)

Graduate School **(0/1)**

✔ Work History

✔ Files

Review App

Personal Information

Field	Value	Field	Value
First Name	Test	Birth Place	
Middle Name		Citizenship	
Last Name	Davis123	Ethnicity	
Suffix		Cultural Competency Training	
Degree		Number Of Hours	If No Training, Please Put 0
Degree2		Marital Status	
Degree3		Spouse Name	
Salutation		Pager	
Birth Date	MM/DD/YYYY	Answering Service	
Gender		Cell	

Program/Agency Information

Program/Agency

Please select Program/Agency Information from the dropdown list:

Mandatory fields are in RED.

Additional office addresses can be added by clicking the 'Add New' button. You can add as many addresses as you would like by clicking **'Add New'**. Click **'Save'** when finished.

Add New

⚠

Office Contact Details

Select Program Name

Address	Behavioral Health Services - 1380 Howard St., ⌄
Supervisor	
Supervisor Email	
Supervisor Phone	
RU/Program Code	

✖ Save   **⊘ Cancel**

License/Registration Information

Professional License,Registration,Waiver or AOD Registration/Certification

Please list current professional licenses.

Enter all information for your current licenses. Mandatory fields are in RED.

Additional state professional license may be added by clicking the **'Add New'** button. Click **'Save'** when finished. You can add as many as you would like by clicking **'Add New'**.

Add New

New Credential*

Credential Type

License Number		**State** ▼

Dates

Issue Date	MM/DD/YYYY	**Expiration Date** MM/DD/YYYY

✖ Save   **⊘ Cancel**

DEA Information

DEA Certificate (if applicable)

Please list current DEA registration number (physicians and nurse practitioners only).

Mandatory fields are in RED.

Add New

DEA X-License (if applicable)

Please list all current X-Licenses.

Enter all information for your current X-Licenses. Mandatory fields are in RED. Should you be in the process of obtaining the X-License please input Pending into the license number field.

Additional Licenses may be added by clicking the **'Add New'** button. Click **'Save'** when finished. You can add as many as you would like by clicking **'Add New'**.

Add New

Education

(LPHA's Only)

Graduate School 0 of 1 Required

Please list all institutions where you received post graduate education and/or training, if any.

Mandatory fields are in RED.

Additional Education may be added by clicking the **'Add New'** button. Click **'Save'** when finished. You can add as many as you would like by clicking **'Add New'**.

Add New

Graduate School Contact Details

Search	Enter Name or City to search	Telephone	
Name		Fax	
Address		Email	
Address 2		Website	
City		Attention	
State			
Postal Code			
Country			

Provider Details

Start Date	MM/DD/YYYY	Degree Earned	
End Date	MM/DD/YYYY	Subject	
		Status	

Employment Information

(LPHA's Only)

Employment

Please list work experience and employment since beginning of clinical activity. A Current Curriculum Vitae/Resume may be submitted in lieu of completing this section.

Mandatory fields are in RED.

Additional work history may be added by clicking the **'Add New'** button. Click **'Save'** when finished. You can add as many as you would like by clicking **'Add New'**.

Add New

See next slide to upload a resume in lieu of entering here.

Upload Documents

Files

Please upload the requested documents and forms. In order to upload an item, it must be saved in a digital format on your computer (pdf, jpg, etc.).

Mandatory fields are in RED

To upload:

1. Select Add New*.
2. Select a **File Type**
3. Enter a **Description** (Optional)
4. Enter an **Expiration Date** (Optional)
5. Click **"Click To Upload"** and Browse To Your File.
6. Click Save to complete the upload

   Additional Files may be added by clicking the **'Add New'** button. Click **'Save'** when finished. You can add as many as you would like by clicking **'Add New'**.

Add New

New File*

FileType	Resume	File Description	
Expiration Date	MM/DD/YYYY	Upload File	Click to Upload

✔ Save   ⊘ Cancel

Signature Page

Electronic Signature - Alysha Smith17

Once your application is submitted, you will no longer be able to edit the data. You can return to this site to re-print the application and application packet.

By submitting my application, I agree to allow Medical Staff Services to view my personal data.

☑ Please type your full name into the box below, signifying you agree to the terms and conditions

Electronic Signature

Return To Application

Submit Application

Application Completed

Alysha Smith17

✔ **2 / 2 Steps Complete**

Congratulations! All applications and signed documents have been completed

100%

Applications

Application	Status	Last Modified	Facilities		
BHS Certification & Verification for Avatar Staff ID (Non-licensed)	Submitted	11/04/2019	BHS MHS	Unsubmit	View Application

Documents

Document	
BHS User Agreement for Confidentiality	View
BHS Attestation For Non-Licensed Staff	Download

DocuSign

Signature Disclosure

This document was intended to be signed by Amanda Benton. Please be aware that you are entering into a binding agreement with Docusign that you are the legally requested party.

Your Full Name

Alysha Davis

☑ I acknowledge that I am Amanda Benton

Close   Continue

FAQs for MD-App

1) How do I login into MD-App?

You should of received an email with a link to create your password. If not, contact the facility you are applying to and they will resend the email.

2) How do I upload scanned documents or files?

When logged into MD-App / Edit Application there is a section called Files or Upload Files (or similar) on the navigation bar (left hand side). Click on that and you can begin to upload files.

3) How Do I Use DocuSign?

Go to the section called "Documents to Sign" on the application page. Click on the sign button and type in full name select the "I acknowledge checkbox". Click **CONTINUE** to begin the signing process.

4) How do I submit my application?

After you enter and upload the proper information there will be a formal submission button on bottom of the application - click that to complete the submission process.

5) Why can't I submit my application/Submit button won't click?

Confirm all fields have been filled in look for red items in the menu on the left, etc.