

San Francisco Health Network **Behavioral Health Services**

San Francisco Department of Public Health

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)

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



Thu 5:14

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

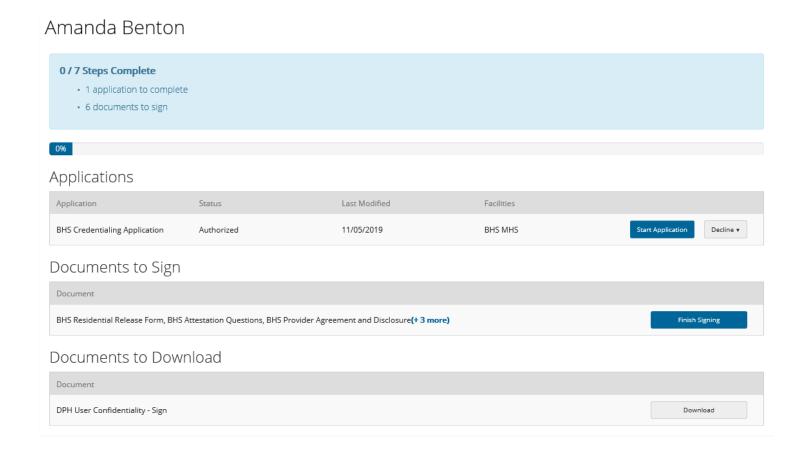


Set up Password

i MD-App				
Enter a new password below to activate your account				
New Password				
Confirm Password				
Confirm Password				
Submit				



Application Home Page





Personal Information

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

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.

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





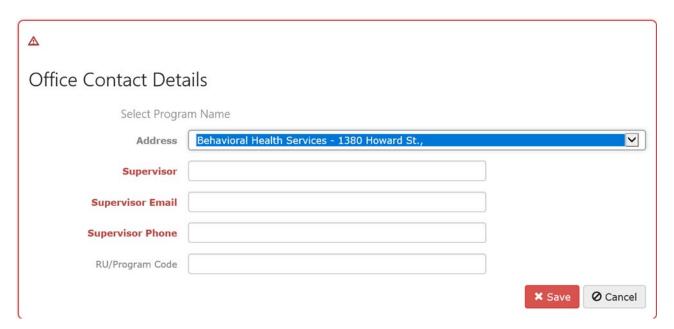
Program/Agency Information

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.







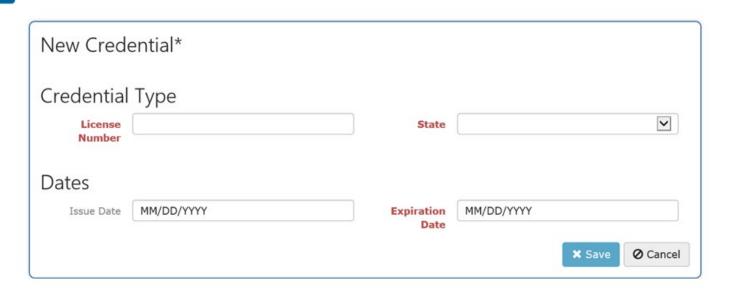
License/Registration Information

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'.





DEA Information

(MD and NP ONLY)

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'.





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 Enter Name or City to search 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

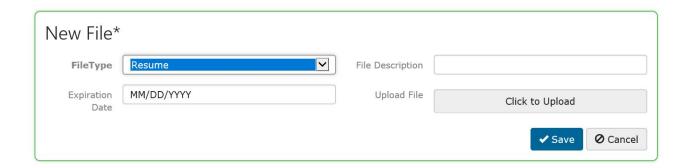
Please upload the requested documents and forms. In order to upload an item, it must be saved in a digital format on your computer (pdf, jpg, etc.).

Mandatory fields are in RED

To upload:

- 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'.





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

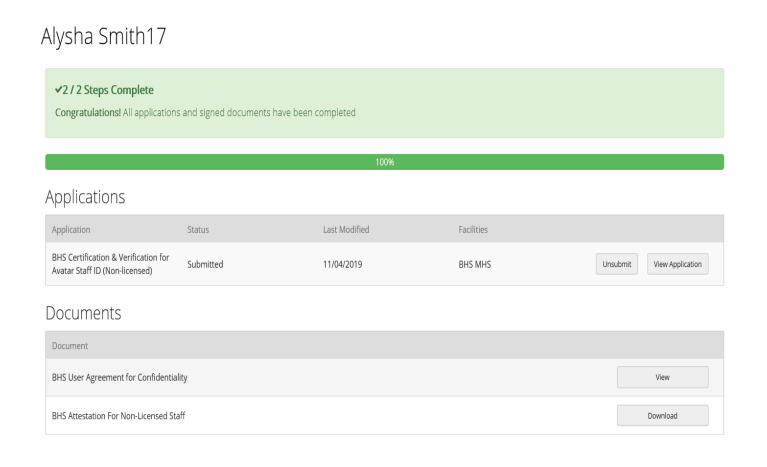
Electronic Signature

Return To Application

Submit Application

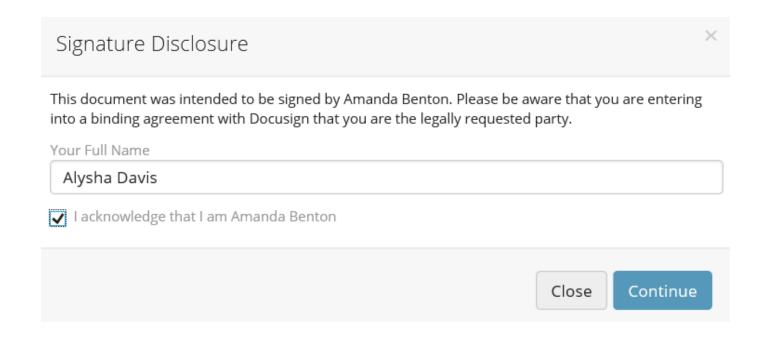


Application Completed





DocuSign





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.