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| Department of Public Health1380 Howard StreetSan Francisco, CA 94103 | **Avatar Account Request Form** |
| **Date of Request:** |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name: |   | First: |   | MI:  |   |
| Job Title: |   | Email:  |   |
| Office Phone:  |   | Office Cell:  |   |
| [ ]  New Account | [ ]  Reactivation/Update – Enter existing Avatar Username: |   |
| [ ]  Adding Program – If adding a program, please include a separate page naming your current program/s. |

**Agency Information:**

|  |  |
| --- | --- |
| Agency/Program Name: |   |
| Street Address: |   | City: |   |
| Zip Code: |   | Agency Phone: |   | Agency Fax:  |   |

**Role Information:** *Please check any of the following that apply to your program/agency and your job functions.*

|  |  |  |
| --- | --- | --- |
| [ ]  Mental Health Program | [ ]  Substance Use Program – SUD System Code(s): |   |
| [ ]  Adult/Older Adult (AOA) | [ ]  Child, Youth, Family (CYF) | [ ]  Clinical | [ ]  Clerical/Admin |
| [ ]  Residential | [ ]  Supervisor/Manager/Director | [ ]  Avatar Scheduling Calendar |
| [ ]  Like Account (Please provide name of Avatar user whose role is *identical*): |   |
| Special Programs: | [ ]  BHAC [ ]  FCMH [ ]  FMP [ ]  ERMS (AB3632) [ ]  MAA Billing |

**Co-Signers:** *Please list the full names of up to two eligible, active Avatar users to be co-signers (include a separate page for more).*

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| --- | --- | --- | --- |
| 1: |   | 2: |   |
| *Or check one:* | [ ]  I am a LPHA and therefore do not require a co-signer. | [ ]  I will not be doing clinical work. |

**Training***: If training was conducted on-site, include the* ***Avatar Training Post-Test & Course Evaluation*** *form instead.*

|  |  |  |  |
| --- | --- | --- | --- |
| Requested Training  |   | Training Date: |   |

**Required Signatures:** *Please note that incomplete or unreadable forms will not be processed.*

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature:  |  | Date: |   |
| Supervisor Name (please print): |   | Phone: |   |
| Supervisor Email (please print): |   |
| Supervisor Signature: |  | Date: |   |

**Completed forms can be emailed to** **avataraccounts@sfdph.org** **or faxed to 415-252-3008.**