



Department of Public Health
1380 Howard Street, 3rd Floor
San Francisco, CA 94103

Avatar Account Request Form

NOTE: Except for the required signatures, this form must be typed.
Incomplete and/or handwritten forms will not be processed.

Last Name: _____ First: _____ MI: _____
 Job Title: _____ Email: _____
 NPI Registry #: _____ Classification: _____
 New Account Reactivation/Update – Enter existing Avatar Username: _____
 Adding Program – If adding a program, please include a separate page naming your current program/s.
 Name Change – Enter your previous full name: _____

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).

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 **Attestation of On-Site Avatar Training** form with this request.

Requested Training: _____ Training Date: _____

Required Signatures: After printing the completed form, sign the signature fields by hand, then scan & email or fax.

Employee Signature: _____ Date: _____
(print and sign by hand)
 Supervisor Name: _____ Phone: _____
 Supervisor Email: _____
 Supervisor Signature: _____ Date: _____
(print and sign by hand)

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