



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

Felicia Davis

Carla Love



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)

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

 Reply  Reply All  Forward

Thu 5:1

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

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

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

Middle Name

Last Name

Suffix

Degree

Degree2

Degree3

Salutation

Birth Date

Gender

Birth Place

Citizenship

Ethnicity

Cultural Competency Training

Number Of Hours

Marital Status

Spouse Name

Pager

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.

Add New



Office Contact Details

Select Program Name

Address

Supervisor

Supervisor Email

Supervisor Phone

RU/Program Code



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 | <input type="text"/> | State | <input type="text" value="▼"/> |
|-----------------------|----------------------|--------------|--------------------------------|

Dates

| | | | |
|------------|---|------------------------|---|
| Issue Date | <input type="text" value="MM/DD/YYYY"/> | Expiration Date | <input type="text" value="MM/DD/YYYY"/> |
|------------|---|------------------------|---|



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'**.

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 | <input type="text" value="Enter Name or City to search"/> | Telephone | <input type="text"/> |
| Name | <input type="text"/> | Fax | <input type="text"/> |
| Address | <input type="text"/> | Email | <input type="text"/> |
| Address 2 | <input type="text"/> | Website | <input type="text"/> |
| City | <input type="text"/> | Attention | <input type="text"/> |
| State | <input type="text" value="▼"/> | | |
| Postal Code | <input type="text"/> | | |
| Country | <input type="text" value="▼"/> | | |

Provider Details

| | | | |
|------------|---|---------------|--------------------------------|
| Start Date | <input type="text" value="MM/DD/YYYY"/> | Degree Earned | <input type="text" value="▼"/> |
| End Date | <input type="text" value="MM/DD/YYYY"/> | Subject | <input type="text"/> |
| | | Status | <input type="text"/> |



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 | <input type="text" value="Resume"/> | File Description | <input type="text"/> |
| Expiration Date | <input type="text" value="MM/DD/YYYY"/> | Upload File | <input type="button" value="Click to Upload"/> |
| | | <input type="button" value="✓ Save"/> <input type="button" value="⊗ 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 | <input type="button" value="Unsubmit"/> | <input type="button" value="View Application"/> |

Documents

| Document | |
|--|---|
| BHS User Agreement for Confidentiality | <input type="button" value="View"/> |
| BHS Attestation For Non-Licensed Staff | <input type="button" value="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.