MD-APP

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

Felicia Davis
Carla Love
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.
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.

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

Enter a new password below to activate your account

New Password

Confirm Password

Submit
Amanda Benton

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

Applications

<table>
<thead>
<tr>
<th>Application</th>
<th>Status</th>
<th>Last Modified</th>
<th>Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHS Credentialing Application</td>
<td>Authorized</td>
<td>11/05/2019</td>
<td>BHS MHS</td>
</tr>
</tbody>
</table>

Documents to Sign

- BHS Residential Release Form, BHS Attestation Questions, BHS Provider Agreement and Disclosure (+ 3 more)

Documents to Download

- DPH User Confidentiality - Sign
Personal Information

Please enter name 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.

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

<table>
<thead>
<tr>
<th>New Credential*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credential Type</strong></td>
</tr>
<tr>
<td><strong>License Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue Date</strong></td>
</tr>
<tr>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

![Add New Button]![Save Button]![Cancel Button]
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 Enter Name or City to search
Name
Address
Address 2
City
State
Postal Code
Country

Telephone
Fax
Email
Website
Attention

Provider Details

Start Date MM/DD/YYYY
End Date MM/DD/YYYY

Degree Earned
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'.

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

✅ 2 / 2 Steps Complete

 Congratulations! All applications and signed documents have been completed.

Applications

<table>
<thead>
<tr>
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<th>Status</th>
<th>Last Modified</th>
<th>Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHS Certification &amp; Verification for Avatar Staff ID (Non-licensed)</td>
<td>Submitted</td>
<td>11/04/2019</td>
<td>BHS MHS</td>
</tr>
</tbody>
</table>

Documents

<table>
<thead>
<tr>
<th>Document</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BHS User Agreement for Confidentiality</td>
<td>View</td>
</tr>
<tr>
<td>BHS Attestation For Non-Licensed Staff</td>
<td>Download</td>
</tr>
</tbody>
</table>
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.