

Instructions For Residential Redesign Personnel Qualifications Worksheet

Complete a separate form(s) for each Residential Element

Enter the Provider's Legal Name, the Residential Element and the applicable PRU #	Enter the provider's legal name as it appears on the operating certificate; identify the residential element and the appropriate PRU #.
Employee Name and/or Employee Title	Enter employee name and/or title or position, including the Medical Director, Program Director, Clinical Supervisor and Health Coordinator (example: Jane Doe – Clinical Supervisor; Joe Smith – Health Coordinator)
# of Weekly Hours Dedicated to this Operating Certificate	Enter the number of the employee's weekly hours that will be dedicated to this Operating Certificate.
Education	Enter the highest degree obtained or the highest grade completed. (example: MSW; Associate's; GED)
Experience	List general experience and training in chemical dependence services. (identify training and/or experience which meets Part 820 requirements)
QHP	Enter a check mark (✓) if the employee is a Qualified Health Professional (QHP) or a CASAC Trainee (CASAC-T)
License/Credential # -- Expiration Date	Enter License and/or Credential number and expiration date, if applicable. (example: CASAC #1234 – 09/30/15; CASAC Trainee #123 – 07/15/15; LCSW #321 – 11/15/15; MD #7890 – 06/30/15)

Personnel Qualifications Worksheet

Employee Name and/or Employee Title	# of Weekly Hours Dedicated to this Operating Certificate	Education	Experience	QHP (Y/N)	License/Credential # Expiration Date	Verified (Office Use Only)