

CareLogic Staff Setup Form

Please complete this form for all changes to the staff's access to CareLogic, our Electronic Health Records system and email to EHRSupport@voaohin.org. **Please wait until you have the staff member's ADP Associate ID.** All requests will be prioritized on current workload.

Select Change Request Type: ☐ New Hire ☐ New Program ☐ Termination ☐ Other Modification (describe)

Describe other modifications:

STAFF INFORMATION (Below Bold fields are required for new CareLogic access)

Staff Member's ADP/ADP Preferred Name:

Staff Member's ADP Associate ID (else indicate Intern/Audit):

Primary Supervisor:

Backup Supervisor:

Program(s):

Position or Role:

Clinical Role: Yes ☐ No ☐

If Intern/Audit, estimated end of internship/audit:

Work Shift:

Earliest Workday Start Time:

Latest Workday End Time:

Primary VOAHOIN Working or Associated (Physical) Site:

Other staff information/notes:

CREDENTIAL INFORMATION FOR BILLING POSITIONS

Please enter 'None' if staff member does not have any licenses or credentials.

Degrees: ☐ High School ☐ Associates ☐ BA/BS ☐ MS ☐ MSW ☐ None ☐ Other:

State License Registered With: ☐ Indiana ☐ Ohio ☐ None

State Licenses:

Behavioral Health Credentials: ☐ CMA ☐ CCD-A ☐ CPRS ☐ CCHW ☐ CPRC ☐ Other:

NPI (MD/HSPP/NP/LCSW/LMFT/LMHC/LCAC):

MANAGER SUPERVISOR MODIFICATIONS

Add to Supervision ☐ Remove from Supervision ☐

Administrative Supervise (Monitoring Staff):

Clinically Supervise (Second Signature/Unsigning):