



## PREVENTION PROVIDER STAFFING ROSTER

### Instructions

**Purpose:** The Region 10 Prevention Provider Staffing Roster Form is a mechanism used to communicate prevention employees and their certification status. This staffing roster will be used to determine staff eligibility to provide prevention services and for access in the Michigan Prevention Data System (MPDS). **This roster should be updated as appropriate throughout the fiscal year.**

**Process:** Complete the staffing roster prior to the beginning of each fiscal year and submit to the PIHP by September 15<sup>th</sup>. Resubmit as changes occur throughout the year (e.g., staffing, credentials, access to MPDS).

- The PIHP will review the information submitted and inform the provider of any questions.

**Instructions:** Complete each section with the corresponding information.

**Agency Name-** Enter the name of the prevention agency

**Agency Address-** Enter the address of the prevention agency

**Agency Phone Number-** Enter the prevention agency's phone number

**Contact Person-** Enter the name of the prevention agency's contact person

**Email Address-** Enter the work email for the prevention agency's contact person

**Phone Number-** Enter the phone number for the prevention agency's contact person when different than Agency phone number

**Effective Date-** Enter the effective date of fiscal year

**Updated Effective Date-** Enter the updated effective date (whenever there are changes throughout the fiscal year)

**Name of Employee-** Enter all prevention staff that will provide prevention services through Region 10 PIHP funding

**Employee Status-** Enter if employee is full-time (FTE), part-time (ex. .5 FTE or .25 FTE), contractual, etc.

**Employee Start Date-** Enter the official start date for the new employee to begin providing prevention services for Region 10 PIHP

**Employee Email-** Enter the employee's work email address



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**Employee Certification MCBAP or CHES or N/A-** Enter the valid certification that each employee possesses. When CHES, submit a copy of certification with this form.

- Certified Prevention Specialist- MI (CPS-M)
- Certified Prevention Specialist- Reciprocal (CPS-R)
- Certified Prevention Consultant- MI (CPC-M)
- Certified Prevention Consultant- Reciprocal (CPC-R)
- Certified Health Education Specialist (CHES)
- MCBAP Development Plan – Certified Prevention Specialist (DP-CPS)
- MCBAP Development Plan – Certified Prevention Consultant (DP-CPC)

If employee has not yet completed the MCBAP Development Plan certification process, they must be supervised by a staff with a valid CPS certification. If employee is not certified put N/A and submit a statement of reason at the bottom of the form. Those with N/A may provide one (1) prevention group with no prevention certification.

**Certification Effective Date-** Enter effective date of employee's certification

**Certification Expiry Date-** Enter date that employee's certification expires per MCBAP Certemy website or CHES certificate

**Require Access to MPDS-** list yes or no if employee requires access to MPDS

Submit Region 10 Prevention Provider Staffing Roster Form to Region 10 PIHP SUD Prevention Coordinator and cc SUD Administrative Technician.

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Agency Name: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 Agency Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

FY \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Updated Effective Date: \_\_\_\_\_  
 (Whenever there are changes)

Name of Employee	Employee R10 Prevention Status (FTE)	Employee Start Date for R10 Prevention Services	Employee Email	Employee Prevention Certification MCBAP or CHES		Certification Effective Date	Certification Expiry Date (Validated Online with MCBAP Certemy)	Require Access to MPDS (yes or no)
				CPS-M	CPS-R			
				CPC-M	CPC-R			
				DP-CPS	DP-CPC			
				**N/A (Support/Admin Staff)				

\*Staff with DP-CPS or DP-CPC for development plan must be supervised by a CPS.

\*\*If the certification does not apply to the employee, please submit a statement as to the reason in the Note Section below. Those with N/A may provide one (1) prevention group.

Note Section: