



## DOCUMENTATION OF DIRECT SERVICES PROVIDERS

State Form 52810 (R6 / 1-17)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION  
 DIVISION OF MENTAL HEALTH AND ADDICTION

Legal name of applicant entity / agency

### INSTRUCTIONS:

1. This form is to be completed by entities that are applying for Addiction Treatment Services Provider Outpatient Certification. Supply the legal name of the applicant entity/agency.
2. **Name of person providing direct services** - List the names of all individuals who provide services directly. A direct services provider is defined as an individual, a contractor, employee or volunteer who provides counseling, psychological, medical, or social services on behalf of a provider of addiction treatment services. The term is not exclusive to the addictions program and services, but includes ALL persons in the entity/agency in all capacities who provide medical, mental health, addiction and social services on behalf of the entity. **Students in supervised academic internships/practicums are excluded.**
3. **Service Type** - Indicate the type of service each person provides. Use the following key:  
 CO - Counseling PSY - Psychological Med - Medical Soc - Social Service
4. **Status** - Indicate the working relationship of each direct services provider to the applicant entity/agency. Use the following key:  
 E - Employee V - Volunteer C - Contracted Staff Member
5. At least fifty percent (50%) of the direct services providers must be licenses or credentialed as follows: A licensed clinical social worker, a licensed mental health counselor, a licensed marriage and family therapist, a psychologist, a physician, an advanced practice nurse or certified nursing specialist or an individual credentialed in addictions counseling by one of the credentialing body approved by the division.
6. At least one (1) of the direct service providers must be specifically credentialed in addictions counseling by one (1) of the credentialing bodies below:

Indiana Professional Licensing Agency	LCAC, LAC
Indiana Association for Addiction Professionals (IAAP), a NAADAC Affiliate	ICAC II only
Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA)	CADAC II, CADAC IV only
National Association of Alcoholism and Drug Abuse Counselors	NAADAC
International Certification and Reciprocity Consortium	IC&RC

NAME OF PERSON PROVIDING DIRECT SERVICE	TYPE OF SERVICE	STATUS	DMHA APPROVED LICENSE, CREDENTIAL	CURRENT LICENSE / CREDENTIAL DATE OF EXPIRATION (month, year)
Example: John Smith	CO	E	LCAC	7/2020
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				