



PROVIDER RECRUITMENT PROGRAM CANDIDATE INCENTIVE REQUEST FORM

Behavioral Health Licensed/Certified Health Professionals

FACILITY INFORMATION		
Organization:		
Name of location:		
Address:		
Office Telephone Number:	Fax Number:	Email:
How many Partnership HealthPlan of California (PHC) members does the provider plan to treat?		
CANDIDATE INFORMATION – Licensed Clinical Social Worker, Marriage Family Therapists, Professional Clinical Counselor, Clinical Psychologist, and Certified Substance Use Disorder Counselor		
Name:		
Type of License/Certification:		
Facility location(s) where candidate will practice (if telehealth, please provide practice site assigned):		
For telehealth providers, please provide city/state candidate resides:		
Candidate National Provider Identifier (NPI) #:		Candidate CA Medical License #: (If licensed in another state, please include #)
Is the candidate Medi-Cal Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the candidate ORP (Ordering, Rendering, Prescriber) Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of FTE Candidate will Practice with PHC members: (Bonus will be prorated based on percent of full-time)		Is the candidate a replacement or new addition? <input type="checkbox"/> New <input type="checkbox"/> Replacement

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For consideration of a \$20,000 signing bonus for licensed providers, please check box for special skill/specialty that apply below:

Bilingual

Please list language(s) spoken:

From or connected with a culturally, ethnically, or racially underrepresented community

Please provide details on the underrepresented community addressed:

One year (500 hours) experience utilizing or applying the methodology for, but not limited to:

(Check all that apply and please note addition of certificate/training hours)

Family Based Therapy (FBT) + Family Systems Certificate

Dialectical Behavioral Therapy (DBT) +minimum 9 hours training

Cognitive Behavioral Therapies (CBT) + minimum 9 hour training

Eating Disorders

Experience with providing services to gender minority clients

Please check this box if above selected specialty training is pending completion*

**Candidate lacking specialty training selected above must complete the training within 18 months of official start date. Proof of completion of the training must be provided to PHC in order to process payment.*

Check box to acknowledge

For consideration of a \$5,000 bonus if Certified Substance Use Disorder Counselor is bilingual , please check box: Bilingual

Please provide Language (s) Spoken:

In order to provide you with the best customer service, please ensure all items are provided and completed in order to review the request appropriately. If unsure of a candidates Medi-Cal or ORP status, please check 'No' on the form and PRP staff will validate the status. If requesting a signing bonus, make sure to include the candidate CV and a draft offer letter for the candidate in question.

Please note: PHC will return forms that do not include the necessary items to review requests for support.

Incentive requests must be provided to the program before formal offers have taken place, including incentives.

Requestor:

Date:

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PHC USE ONLY BELOW

Approved

Denied

Total Incentive(s) Approved:

PHC Notes:

PHC Approver:

Date:

For more information or questions contact:

Workforce Development

Provider Recruitment Program

(707) 430-4846

Fax: 707 441-4989

Email: wfd@partnershiphp.org