



## BEHAVIORAL HEALTH LICENSED/CERTIFIED HEALTH PROFESSIONALS RECRUITMENT PROGRAM CANDIDATE INCENTIVE REQUEST

### FACILITY INFORMATION

Organization:

Name of location:

Address:

Office #:

Fax #:

Email:

How many unique 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:

% of FTE Candidate will Practice with PHC members:

For consideration of a \$5,000 signing bonus for licensed providers, please check box for special skill/specialty that apply:

Bilingual:

Language(s) Spoken:

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

Please provide details on the underrepresented community addressed:

One (1) 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 \$2,500 bonus if Certified Substance Use Disorder Counselor is bilingual, please check box:  Bilingual  
Please provide Language(s) Spoken:

Please include the following with your email request for incentives;

1. Completed Incentive Request Form
2. Most Recent Candidate CV/Resume
3. Skills and qualifications will be verified through a variety of means including; credentialing, a certification service (to verify bilingual capacity), or written attestations substantiating experience

4. Copy of the candidate offer letter including requested incentives
5. Please include the following items in order to complete a  
PHC/Beacon credentialing primary check: Candidates most recent CV, NPI #, CA medical license #, SSN, and DOB (Providing SSN & DOB for a candidate at time of offer is optional, however once acquired please provide as part of request)

**\*Please note that PHC cannot process requests for support unless all requested facility and candidate information is provided\***

**Requestor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PHC USE ONLY BELOW**

**Approved:**

**Denied:**

**Total Incentive(s) Approved:** \_\_\_\_\_

PHC Notes:

**Partnership HealthPlan:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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