

**Instructions For Residential Redesign  
Personnel Qualifications Worksheet**

**Complete a separate form(s) for each Residential Element**

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|--|---|
| <b>Enter the Provider's Legal Name, the Residential Element and the applicable PRU #</b> | Enter the provider's legal name as it appears on the operating certificate; identify the residential element and the appropriate PRU #.   |
| <b>Employee Name and/or Employee Title</b>   | Enter employee name and/or title or position, including the Medical Director, Program Director, Clinical Supervisor and Health Coordinator<br><br>(example: <b>Jane Doe – Clinical Supervisor; Joe Smith – Health Coordinator</b> ) |
| <b># of Weekly Hours Dedicated to this Operating Certificate</b>                         | Enter the number of the employee's weekly hours that will be dedicated to this Operating Certificate.   |
| <b>Education</b>   | Enter the highest degree obtained or the highest grade completed. (example: <b>MSW; Associate's; GED</b> )  |
| <b>Experience</b>  | List general experience and training in chemical dependence services. ( <b>identify training and/or experience which meets Part 820 requirements</b> )  |
| <b>QHP</b>   | Enter a check mark (✓) if the employee is a Qualified Health Professional (QHP) or a CASAC Trainee (CASAC-T)  |
| <b>License/Credential # -- Expiration Date</b>   | Enter License and/or Credential number and expiration date, if applicable.<br>(example: <b>CASAC #1234 – 09/30/15; CASAC Trainee #123 – 07/15/15; LCSW #321 – 11/15/15; MD #7890 – 06/30/15</b> )                                   |

**Personnel Qualifications Worksheet**

| Employee Name and/or<br>-----<br>Employee Title | # of Weekly Hours<br>Dedicated to this<br>Operating<br>Certificate | Education | Experience | QHP<br>(Y/N) | License/Credential #<br>-----<br>Expiration Date | Verified<br>(Office<br>Use Only) |
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