## **APPENDIX G**





Susana Martinez, Governor Brent Earnest, Secretary Collaborative Wayne W. Lindstrom, PhD., Director, BHSD CEO, Behavioral Health

The following individuals named on this roster are approved by BHSD under the Supervisory Certification Clinical Supervision policy.

All clinicians listed must at a minimum have a Master's degree. Temporary and provisional licensees do not qualify.

Licensure Type	License #	Effective & Expiration date	Individual NPI #	Date of Birth	Individual Medicaid ID #	Clinical Supervisor listed with board? Y/N
Liconouro	License #	Effective 0	امرينشاريوا	Date of	ا مائن نام دا	Cupaniaan
Type	License #	Expiration date	NPI #	Birth	Medicaid ID#	Supervisor Name/ Licensure Type
	Type	Type  Licensure License #	Type Expiration date  Licensure License # Effective &	Type Expiration date NPI #  Licensure License # Effective & Individual	Type Expiration date NPI # Birth  Licensure License # Effective & Individual Date of	Type Expiration date NPI # Birth Medicaid ID #  Licensure License # Effective & Individual Date of Individual

## **Attestation**

Reviewer

I certify that the responses in this attestation and certification application, including referenced information in the document, are accurate, complete, and current as of this date. I and my agency providers have read and understand the BIL4NILs Clinical Supervision Policy, state regulations and statutes relative to rendering and seeking reimbursement for services through the Human Services Department and Behavioral Health Services Division of the State of New Mexico. All supervisors have been trained to provide appropriate clinical supervision on the above listed items and read and understand our agency Policies and Procedures. All providers practicing in the above noted agency are in compliance with the applicable state board licensing regulations according to their licensure.

Date

Rosters and relative attestation must be updated if there is a change in staffing. Updates must occur both with the BHSD and the MCO's with which an agency is contracted according to each MCO's policies and procedures. RETURN FORM and any applicable P&P to: bilfornil.bhsd@state.nm.us

Agency Name and NPI

Print Agency Director/CEO

Signature Agency Director/CEO

Date

Approved by HSD