Provider Organization Name:									
New ATR4 provider staff	**Indicate credential and date of expiration**								
Name	**SS# SS#**	**Qualified Clergy *****	**MRSS**	**MRSS-P**	**MAADC I or II ***	**QAP ****	**Class E/CDL License**	**Background Screening/ Exception**	**# hours ethics**

*(MAADC) Missouri Associate Alcohol Drug Counselor I or II

**(QAP) Qualified Addiction Professional – LCSW, LPC, LMFT, Psychologist, CADC, CRADC, CRAADC, CCJP, CCDP, CCDP-D, RADC, and RADC-P.

***Qualified Clergy - ordained by a recognized faith group with at least one of the following credentials: MRSS, MRSS-P, or QAP.