

PERSONNEL INFORMATION FORM

Facility Name: _____

*Complete information for administrative/supervisory
and clinical staff including fee for service, contracted
and intern staff. Do not include business and billing staff.*

Address (if satellite): _____

Name of Staff Member	Professional Discipline	License or Registration # (if applicable)	Identify Days & Hours Worked	Total Weekly Hours	Service(s): Medical, Mental Health, Alcoholism, etc.