



PREVENTION PROVIDERS' STAFFING ROSTER

Prevention Provider Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Current Employee/ Title	Employee Status (FTE, part-time (written as .5 FTE) contractual, etc.)	Employee Start Date	Employee Email	Employee Certification (CPS-M; CPS-R; CPC-M; CPC-R) or CHES or DP* or N/A**	Date Certification Expires	Require access to (MPDS)

\*If employee is required to be certified but has not yet completed the certification process, please indicate DP for development plan.

\*\*If the certification process does not apply to the employee, please submit a statement as to the reason.



**PREVENTION PROVIDERS' STAFFING ROSTER**

Please include all your agencies prevention staff that have resigned or been terminated since your last submitted staffing roster.

Name of Previous Employee/ Title	Official Employment End Date	Did employee have access to MPDS? (Yes or No)	Employee Email



## PREVENTION PROVIDERS' STAFFING ROSTER

FOR OFFICE USE ONLY

FORM SHOULD BE SENT TO CONTRACT DEPARTMENT

- Contract Department Initial Receipt
- Contract Department Sent to \_\_\_\_\_ (Department)
- Contract Review by \_\_\_\_\_ (Staff)
- Return to Contract Department



## PREVENTION PROVIDERS' STAFFING ROSTER

### Prevention Provider Staffing Roster Instructions

**Purpose:** The staffing roster is a mechanism used for the provider to communicate its list of prevention employees and the employees' certification status. This roster will be used by the PIHP when confirming provider's employees' certification is current. This staffing roster will also be used to determine staff eligible for access in the Michigan Prevention Data System (MPDS). This roster should be updated as appropriate throughout the fiscal year.

**Process:** The staffing roster is required to be completed at the beginning of each fiscal year. The roster shall be resubmitted if changes to it occur throughout the fiscal year.

1. The provider shall complete the form and submit to the PIHP contract department.
2. The PIHP will review the information submitted and inform the provider of any questions.
3. The PIHP will keep the staffing roster in the provider's contract file as well as have a copy readily available to the SUD department staff.
4. The provider will resubmit the roster if changes occur throughout the fiscal year.

**Instructions:** Complete each section in the first table with the corresponding information.

**Agency-** Enter the name of the prevention agency.

**Contact Person-** Enter the name of the prevention agency's contact person.

**Email Address-** Enter the email for the prevention agency's contact person.

**Phone Number-** Enter the phone number for the prevention agency's contact person.

**Name of Employee/ Title-** Enter all prevention staff and title employed at the prevention agency in whole or in part through Region 10 PIHP funding

**Employee Status-** Enter if employee is full-time (FTE), part-time (ex. .5 FTE or .25 FTE), contractual, etc.

**Employee Start Date-** Enter the official start date for employee.

**Employee Email-** Enter the employee's email address

**Employee Certification MCBAP or CHES or N/A-** Enter the certification that each employee possesses: Certified Prevention Specialist- MI (CPS-M); Certified Prevention Specialist- Reciprocal (CPS-R); Certified Prevention Consultant- MI (CPC-M); Certified Prevention Consultant- Reciprocal (CPC-R); or Certified Health Education Specialist (CHES). If employee is required to be certified but has not yet completed the certification process, please indicate DP for development plan. If employee is not required to become certified put N/A and submit a statement of reason at the bottom of the form.

**Date Certification Expires-** Enter date that employee's certification expires.



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**Instructions:** Complete each section in the second table with the corresponding information.

**Name of Previous Employee/Title-** Enter the name of the previous prevention staff.

**Official Employment End Date-** Enter the date of employee's last day of employment within your agency.

**Did employee have access to Michigan Prevention Data System (MPDS)?-** Enter "Yes" or "No" if the employee had access to the MPDS system.

**Employee Email-** Enter the previous work email address of the employee.