ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AMPM POLICY 964 - ATTACHMENT A
CREDENTIALED FAMILY SUPPORT PARTNER
INVOLVEMENT IN SERVICE DELIVERY REPORT
DRAFT

PROVIDER	Provider ID	COUNTY	GEOGRAPHIC SERVICE AREA (GSA)	CREDENTIALED FAMILY SUPPORT PARTNER (CFSP) LAST NAME	CFSP FIRST NAME	CFSP TRAINING PROGRAM	DATE CREDENTIALED	DATE EMPLOYED WITH PROVIDER	DATE EMPLOYMENT ENDED	SUPERVISION	HOURS OF CONTINUING EDUCATION	CONTINUED EDUCATION AND ONGOING LEARNING
The agency employing the Credentialed Family Support Partner (CFSP)	Employer's AHCCCS Provider Identification Number		Central GSA Northern GSA Southern GSA			Agency/training program through which the CFSP was credentiled. If credentialed via "Test In" program, indicate "Test In" below.	Enter as: MMDDYY *(Column set to date)*	Initial start date - Enter as: MM/DD/YY *(Column set to date)*	Discontinuation of employment. Enter as: MM/DD/YY *(Column set to date)*	Select from drop down menu	Select from drop down menu	Select from drop down menu