

Clark County RSN  
**DIRECT SERVICE PRACTITIONER REPORT**

Agency Name:

Date:

	<b>Name (Last, First)</b>	<b>Hire Date or Contract Start Date</b>	<b>Termination Date or Contract End Date</b>	<b>FTE</b>	<b>Position</b>	<b>WSP Background (date)</b>	<b>EPLS (date)</b>	<b>Prescriptive Auth Y/N</b>	<b>Current Job Descrip. Y/N</b>	<b>Last Annual Performance Eval. (date)</b>	<b>Last Annual Training Plan (date)</b>	<b>Freq. of Clinical Supervision by MHP</b>	<b>Registration/ License # and Exp. Date</b>
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Degree	Qualified MHP	MHP		MHS		PS	Indicate Specialist status with an "X" **									Practitioner's Ethnicity *	Non-English Language(s) Spoken	
		Documen- tation of degree	Evidence of exp. under supervision	Training or testament	Evidence of exp. under supervisio	MHD Certification Letter	Age		Minorities				Disability				Lang 1	Lang 2
							Child	Older Adults	AA	AP	HS	NA	DD	DF	PD			
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\* Choose one for Practitioner's Ethnicity: AA=African America; AP=Asian/Pacific Islander; HS=Hispanic; NA=Native American; CA=Caucasian

\*\* Specialist Status: AA=African American; AP=Asian/Pacific Islander; HS=Hispanic; NA=Native American; OD=Older Adults;  
 DD=Developmentally Disabled; DF=Deaf/Hearing Impaired; PD=Physically Disabled