



Substance Use Disorder Clinic Supervising Provider Attestation

Provider Type 64, Specialty 477

Clinic/Billing entity name: _____

Clinic/Billing entity NPI: _____

Supervising practitioner name: _____

Supervising practitioner NPI: _____

Supervising practitioner credentials (select all that apply):

Health First Colorado-enrolled licensed health practitioners who are:

- Advanced Practice Nurses,
- Physicians/Psychiatrists, or
- Physician Assistants

AND one of the following:

- Certified in addiction psychiatry by the American Board of Psychiatry and Neurology (ABPN); or
- Certified as National Certified Addiction Counselors II (NCAC II) or Master Addiction Counselors (MAC) by the National Association of Alcohol and Drug Abuse Counselors (NAADAC); or
- Certified as Certified Addiction Counselors (CAC II or CAC III) or Licensed Addiction Counselors (LAC) by the Department of Regulatory Agencies (DORA); or
- Certified in addiction medicine by the American Society of Addiction Medicine (ASAM), the American Board of Addiction Medicine (ABAM), or the American Board of Preventive Medicine (ABPM); or

Health First Colorado-enrolled licensed behavioral health clinicians who are:

- Psychologists (PhD, PsyD, or EdD),
- Licensed Clinical Social Workers (LCSW),
- Licensed Professional Counselors (LPC),
- Licensed Marriage and Family Therapists (LMFT), or
- Licensed Addiction Counselors (LAC)

Supervising practitioner license number: _____

Supervising practitioner license expiration date: _____

Evidence of supervising practitioner license and credentials: (upload on 'Attachments and Fees' page of the Online Provider Enrollment application)

