

**FORM B**  
**Credentialing and Attestation for Non-Licensed Providers**  
(Must be completed on each non-licensed provider of services, including subcontractors)

Provider Name \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's license # \_\_\_\_\_ **Attach a copy of your driver's license.**

Have you ever been found to be the perpetrator of a confirmed case of client abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please explain.

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please explain.

Do you speak a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes", please list: \_\_\_\_\_

Do you know sign language? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Education History - High School, Undergraduate, graduate and postgraduate education. Attach a copy of diploma or GED**

School Name		Degree		Year Received	
City/State/Country		Major			
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City/State/Country		Major			
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City/State/Country		Major			

**Continuing Education - Please list the continuing education programs relevant to the services you intend to provide that you have attended in the past two years. You may attach a current resume or other documentation of training.**

Date(s)		Subject	# CE Hours
From:	To:		
From:	To:		
From:	To:		
From:	To:		
From:	To:		
From:	To:		

**WORK HISTORY** - For the past ten (10) years or since completion of highest degree. Attach a separate sheet if additional space is needed. **You may submit a current resume or vita to meet this requirement.**

1.	Employer name	Address	City, State, Zip
	Position title/description		FromTo
2.	Employer name	Address	City, State, Zip
	Position title/description		FromTo
3.	Employer name	Address	City, State, Zip
	Position title/description		FromTo
4.	Employer name	Address	City, State, Zip
	Position title/description		FromTo
5.	Employer name	Address	City, State, Zip
	Position title/description		FromTo

**ATTESTATION**

Are there any reasons you would be unable to perform the essential functions required with or without accommodation?

Yes       No      If yes, please explain fully on a separate sheet.

I hereby attest to the following:

- I do not currently use any illegal drug.
- I have reported accurately and completely any reason(s) for any inability to perform the essential functions required with, or without, accommodation.
- I have reported accurately any history of felony convictions or client abuse and neglect.
- I have reported accurately my chronological work history.
- I consent to the inspection of records and documents pertinent to this application, including the release by any person to MHMR of Tarrant County of all information that may reasonably be relevant to an evaluation and verification of this application or evaluation of competence, including, but not limited to, consultation with any other professionals or institutions with which I have been or am currently associated.
- The information submitted in and with this application is complete and correct to the best of my knowledge.

\_\_\_\_\_  
 Print applicant's name                      Applicant's signature                      Date

**Please return completed form to:**  
 Credentialing Department  
 MHMR of Tarrant County  
 3840 Hulen St.  
 Fort Worth, TX 76107