

**MACOMB COUNTY COMMUNITY MENTAL HEALTH
FOCUS SOFTWARE SYSTEM
ACCESS REQUEST**

Enrollment

Change

Disenrollment

SYSTEM ACCESS REQUESTED FOR:

Note: All requests for FOCUS Access must be submitted by an authorized supervisor

First Name:	Last Name:	
Email Address:	Phone:	Fax:
Job Title:	Date of Hire:	Date of Termination:

Functions: Please place an "X" in one or more boxes as needed:

Billing Clerical Clinical Clinical (without need for FOCUS user id) Supervisor

Agency Name & All Locations/Provider IDs

Clinical Staff ONLY:

Degree (Required):	Graduation Date (Required); (Month/Date/Year):
State of MI License(s) – name and number, Issue Date and Expiration Date(s): Clinical staff without a license must report years of post-degree experience	
NPI number (if applicable):	DEA number (Physicians only)
SUD Credential (Required):	Expiration Date (Required); (Month/Date/Year):

The responsible supervisor MUST notify MCOSA immediately when a staff person's FOCUS profile needs updating. These updates include the following:

Change in Employment Status:

- Termination
- Temporary leave
- Change in duties
- Transfer of Location

Contact Updates:

- Change in phone number
- Fax number
- E-mail
- License status change / Expiration
- Name Change (include previous name)

Requesting Supervisor's Name:

Title & Department:	Phone:	Fax:
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Supervisor Email Address:

My Signature attests that all information above is accurate and complete to the best of my knowledge.

Supervisor Signature:

Date:

SUD: Please submit to mcosa@mccmh.net or Fax at 586-469-5568. **ALL REQUESTS MUST BE IN WRITING!**