

**GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES  
CLINICAL EVALUATOR INFORMATION UPDATE / CHANGE FORM**

<b>Section I – Registry Listing PRINT OR TYPE exactly as you want to appear on the Registry Listing</b>		
New Provider <input type="checkbox"/> Date _____		DHR USE ONLY MHMRSR REGION: _____
Existing Provider: <input type="checkbox"/> Provide ID or User ID: _____		
Add New Listing : <input type="checkbox"/>		
Change to Current Listing <input type="checkbox"/>		Provider Type <u>CE</u>
Delete Existing Listing <input type="checkbox"/> Service ID: _____		
First Name: _____	M. _____	Last Name: _____
Credential) (Limit to three e.g. CACII, LPC, LCSW)		
Name of Facility /Practice/ Business (Where services are provided)		
Service Site		
Street Address:		
City: _____	County: _____	Zip Code: _____
Telephone No(s) to make an appointment ( )		( )
(Minimum \$95) Fee Range: \$ _____ To: \$ _____		Sliding Scale: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Languages; (List Languages)		
Comments to appear on Registry: (Limit (to 100 spaces)		
<b>Section II - Mailing address and Private Contact Information (for Internal DHR Use only) Will not appear on the Registry.</b>		
Mailing Address:		
City: _____	State: _____	Zip Code: _____
Additional telephone # where we may reach you. Telephone #. ( )		Fax #: ( )
Email Address:		
<b>Section III The following information is for DHR Use Only and will not appear on the Registry</b>		
Does your business share space with any other business? (Do not list other businesses in same shopping center or office complex) Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, list name of business or institution:		
Type of business conducted:		
Contact Person:		Telephone No. ( )
Location where DUI client files will be kept: <input type="checkbox"/> On Site <input type="checkbox"/> Other Location (Records May not be kept in a private residence.)		
If other location, Name of Facility where records are kept:		
Street Address:		
City: _____	County: _____	Zip Code: _____
Contact Person (for records):		Telephone No (for records): ( )

For changes, list your Name, UserID, ServiceID and only the information to be changed. Please make note of applicable deadlines when completing this form.