Riverside University Health System – Behavioral Health
LPS 5150 Certification & Oversight
Application for 5150 Authorization

Application Type: ☐ New ☐ Renewal

Name of Applicant:_______________________________ **Employee ID#:**_______________

Discipline & License #: ☐ AMFT ☐ LMFT ☐ ACSW ☐ LCSW ☐ APCC ☐ LPCC ☐ Psy.D ☐ Ph.D

☐ MD ☐ DO ☐ RN ☐ Tribal Ranger ☐ Other, specify _______________________

License/Registration#: ____

Name of work site:_______________________ Work Number: _______________

Date of Hire (Current Position): _______________ Email Address:_______________________

To be authorized as:

☐ RUHS BH Employee
☐ Attending staff at RUHS BH designated facility
☐ Employee of RUHS BH contracted provider
☐ Other professional (i.e., emergency department doctor, nurse, social worker, tribal ranger)

REQUIRED: The undersigned certifies that the applicant has ______ years of experience providing services to individuals with mental illness. In addition, the applicant meets the necessary requirements for designation according to RUHS BH Policy #142.

______________________	______________________	______________
Signature of Applicant	**Job Title**	**Date**
______________________	______________________	______________
****REQUIRED** Signature of Supervisor**	**Job Title**	**Date**

Name of Supervisor:_______________________ Supervisor's Work Number: _______________

Email of Supervisor:_______________________________________

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To Be Completed By Mental Health Director/Designee

(Copy of this form sent to Supervisor once section complete)

☐ RENEWAL: Based upon the LPS 5150 Certification & Oversight Department's review of the applicants 5150s written, the applicant is hereby granted a renewal of 5150 authority to initiate detention, upon probable cause, of mentally disordered persons in a facility designated by Riverside County as a facility for 72-hour treatment and evaluation in accordance with the above policies and the Welfare & Institutions Code. This authorization will expire on _______________.

☐ NEW AUTHORIZATION: Based upon the completion of the training on_______________ and passing the 5150 exam, the applicant is hereby granted 5150 authority to initiate detention, upon probable cause, of mentally disordered persons in a facility designated by Riverside County as a facility for 72-hour treatment and evaluation in accordance with the above policies and the Welfare & Institutions Code. This authorization will expire on _______________ .

______________________________ ______________

Signature of Mental Health Director/Designee Date