Riverside University Health System – Behavioral Health
LPS 5150 Certification & Oversight

5150 Authorization Status Change Form

Please type or print legibly

Requested Effective Date: _____

Name of Authorized Person on file: _____Employee #: _____

Specific Change Related to: ☐Employer / Worksite ☐Supervisor ☐Name/Licensure

******Please only complete the section you are adding or changing******

Employer / Work site: ☐Change ☐ Add ☐Remove

☐The above person is no longer employed with _____, please discontinue their authorization. (*Supervisor Signature only Required*)

Employer: _____ Worksite: _____

Work Address: _____

Work Number: _____ Email: _____

Supervisor: ☐ Change ☐ Add

Supervisor Name: _____ Title: _____

Work Number: _____ Supervisor Email: _____

Name / Licensure: ☐ Change ☐ Update

(Please include a copy of new license/registration when making changes to name or licensure number)

New Name: _____ License/Registration #: _____

******Requires both Authorized person and Supervisor signature******

_____	_____	_____
Date	Authorized Staff Signature	Title
_____	_____	_____
Date	Supervisor Signature	Title

Send completed form to LPS 5150 Certification & Oversight at: 5150@RUHealth.org

This Section is for LPS 5150 Certification & Oversight Staff use only

_____	_____
LPS Staff Signature	Date