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 ☐ MD ☐ DO
☐ RN ☐ NP ☐ Psy.D ☐ Ph.D ☐ Other, specify_____ License/Registration#:_____

Employer/Work Site:_____ Work Email Address: _____

Work Number:_____ Alternative Number:_____

To be authorized as:

☐ RUHS BH Employee
☐ Employee at RUHS BH designated facility
☐ Other professional
☐ Employee of RUHS BH contract provider
☐ Emergency Department Employee

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:_____

Work Email of Supervisor:_____

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

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The section below to be completed by LPS 5150 Staff regarding authorization outcome.

☐ **RENEWAL:** Based upon the LPS 5150 Certification and Oversight 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 _____.

☐ **DENIED**: Applicant's request for 5150 authorization is denied for the following reason(s):

☐ Did not pass 5150 exam. Date of exam:_____. Score:_____.

☐ Renewal denied. Upon LPS 5150 review, applicant has excessive deficiencies in 5150s written.

_____ _____
LPS 5150 Staff Signature Date