

CABHA Staff List Contact Information

Name of Provider Agency _____

Current or Intended **Critical Access Behavioral Health Agency (CABHA) Status for this Provider Agency is:**

CABHA Certified (check this box if you have already achieved CABHA certification)

Currently in the process of CABHA Certification (check this box if your agency has started the process for pursuing CABHA or is intending to do so by August 31, 2010.

	Medical Director	Clinical Director	QI/Training Director
Name			
Address			
Phone			
Email			