**MPDS Activation/Deactivation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requesting:** | [ ] Activation | [ ] Deactivation**Date Staff left employment**:  | Note: If deactivation, you only need to fill out agency and staff name. For all staff being added – ALL information must be completed. |
| **Agency:** |   |
| **Staff Information:** |
| **Name:** |   |
| **Work Address:** |  |
| **Work Telephone Number:** |  |
| **Work Email Address:** |   |
| **Add Staff As** | [ ]  User Only (has access to enter data, but doesn’t provide services) | [ ]  Staff Only (provides services but will not be entering data in the system.) | [ ]  Both (provides services and enters data in the system) |
| **Start Date for Staff:**  |  |
| **Staff Certification: (note – not needed for User only)** | [ ]  CPS-M[ ]  CPS[ ]  CPC-M[ ] CPC**Expiration Date:** | [ ]  MCBP Developmental Plan**Plan Start Date:****Plan End Date:** | Other:[ ]  Specifically, Focused Staff[ ]  **Name of Specific Curriculum Staff will be providing:****Please attach training certificate for program.** |
| **For staff on a developmental plan, please enter the name of person who will be supervising the plan.** |  **Note:** Staff can not be added to the MPDS System without a MCBAP Prevention Certification, a Registered Development Plan, or a training certificate if Specifically, Focused Staff |

**Please fill out completely and email to Sarah Andreotti, Kari Gulvas or Jill Worden.**