| **Name** | **Position** | **State****License** | **DEA** | **Liability****Insurance** | **Waiver***if applicable* | **Years on****Center** | **Days/****Hours** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Center****Physician** |  |  |  |  |  |  |
|  | **NP or PA** |  |  |  |  |  |  |
|  | **HWM** |  |  |  |  |  |  |
|  | **Nurse RN, LPN** |  |  |  |  |  |  |
|  | **Nurse RN, LPN** |  |  |  |  |  |  |
|  | **Nurse RN, LPN** |  |  |  |  |  |  |
|  | **CMHC** |  |  |  |  |  |  |
|  | **TEAP Specialist** |  |  |  |  |  |  |
|  | **Center****Dentist** |  |  |  |  |  |  |
|  | **Dental****Hygiene** |  |  |  |  |  |  |
|  | **Dental****Assistant** |  |  |  |  |  |  |
|  | **Medical Clerk** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |