| **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** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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