**SCL & MPW Provider Profile**

The Online Provider Directory is maintained on the following website:

<http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.aspx>

**Instructions:**

For new listings not yet on the website, fill out each field in the form. The alternate email address and mailing address (if same as primary address) are the only fields that may be left blank.

For updating listings currently on the website, indicate the provider name and contact email address, then only those fields which need to be edited.

Upon completion, email the form to [DDIDCertification@ky.gov](mailto:DDIDCertification@ky.gov) . Do not alter the file type of the document – be sure to send the completed form in Microsoft Word format only.

Save a copy of this form to edit and resubmit whenever changes to the provider listing are required.

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| --- | --- |
| Provider Name (exactly as registered for provider #)\* | Click here to enter text. |
| Provider Number\* | Click here to enter text. |
| Contact Name (usually ED, but can be different)\* | Click here to enter text. |
| Contact Phone Number\* | Click here to enter text. |
| Crisis Line\* | Click here to enter text. |
| Primary Contact Email Address\* | Click here to enter text. |
| Alternate Contact Email Address (not required)\* | Click here to enter text. |
| Primary Physical Address\* | Click here to enter text. |
| Mailing Address (if different than Primary)\* | Click here to enter text. |
| Fax Number\* | Click here to enter text. |
| Hours of Operation | Click here to enter text. |
| Counties Served | Click here to enter text. |
| Accepting Referrals? | Yes No |
| Statement of Mission and Values | Click here to enter text. |
| Program Description | Click here to enter text. |
| Website Address\* | Click here to enter text. |

\*This field is limited to one entry