Attachment F – Credentialing Information - *Licensed Professionals*

List all currently certified/licensed professionals. *Additional sheets may be attached if needed.* **Copies of licenses are acceptable in lieu of this form.**

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| Full Name (Last, First, Middle) | Job Title | Degree(s) | MI Professional License # | Expiration Date | | MCBAP Credential | Expiration Date |
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| Name of professional providing supervision to the licensed staff above per licensing requirement as applicable: | | | | | | | |
| Name: | | | | | Credentials: | | |