# **Provider Application**

CORRECT NUMBERS AND LETTERS A	ВС	1 2 3	CORRECT )	INCORREC MARKS	T ₹	/•	COMM	AUTOMATICAL MON ABBREVIA CORRECTION	TIONS, AND	ZIP CODE MA	TCHING. PLEASE	
Instructions Read all instructions carefully prior to submitting your application.	1. Comple 2. Use a l 3. Print le 4. Do not 5. Comple 6. Some f	blue or black gibly and in- enter more ete all section fields use "co	g delays application and k ink ball-point p ink ball-point p inh ball-point p inh ball-point p inh ball-point p inh ball-point inh ball-p inh b	pen only. Do provided baser per box. If policable to you bu easily repo	not use ed upor necess J. ort infori	a pend the exary, wr mation	cil or a fel camples c ite outsid (e.g., sch	t-tip pen. given above. e the provide nools, langua	ed spaces	s. de lists are f	ound on page	
SECTION 1	Personal	Informa	tion and Pro	ofessiona	IDs							
Provider Type			found on page 36. 3-digit code in the			YES	NO (	E.G. PATHOLO	GISTS, ANE	STHESIOLOGIS	THE INPATIENT STS, ER PHYSICI AN ASSISTANT,	ANS, NURSE
Name Do not use nicknames												
or initials, unless they are part of your legal	LAST NAME*										SU	FFIX (JR, III)
name.												
	FIRST NAME*						M	IIDDLE NAME				
	HAVE YOU EV	ER USED ANO	THER NAME?*	YES	NO	IF Y	ES, PLEAS	E LIST ALL OT	HER NAMES	USED AND TH	IEIR DATES OF U	JSE BELOW.
	OTHER LAST N	AME									SU	FFIX (JR, III)
	OTHER FIRST N	NAME					0	THER MIDDLE N	IAME			
	M M I	D D Y	YYY	M	M D	D	Y	YY				
	DATE STARTED	USING OTHER	NAME	DATE S	STOPPED	USING OT	THER NAME					
General												
Information	GENDER*	MALE	FEMALE		DATE	OF BIRT	'H* M	и D D	ΥΥ	ΥΥ		
Only enter a Foreign National Identification												
Number if you do not												
have a SSN. Do not enter National Provider Identification (NPI)	CITY OF BIRTH									STATE OF BIRTH	COUNTRY OF BIRTH	
Number here.	SSN*											
Code lists are found on pages 36-43. Enter the associated 3-digit code	CON				FOR	EIGN NAT	TIONAL IDEN	ITIFICATION NUM	MBER (FNIN)		FNIN COUNT	RY OF ISSUE
in the space provided.	ENTER ALL NON LANGUAGES YO											
			LANGUAGE	CODE LA	NGUAGE C	ODE	LANGUAG	SE CODE	LANGUAGE	CODE LAI	NGUAGE CODE	
Home Address												
	NUMBER		STREET								APT NUMBER	
	CITY									STATE	ZIP CODE	
	TELEPHONE											
NOTE: CAQH will use this method for	E-MAIL											
application follow-up.	E-WAIL											
	FAX						PREFERRI	ED METHOD OF	F CONTACT*	E-MAI	FAX	
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					2	776	•					

	* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND RE	QUIRE FOLLOW-UP.
Section 1	Personal Information and Professional IDs (Contin	ued)
Professional IDS Include all state licenses, DEA Registration and State Controlled Dangerous	FEDERAL DEA NUMBER  DEA STATE OF REGISTRATION	M M D D Y Y Y Y  DEA EXPIRATION DATE
Substance (CDS) certification numbers.  Provide all current and previous licenses/ certifications.  Non-licensed professionals should enter certification/ registration number in the space provided for license number.  If you have additional Professional IDs to report, use the Professional IDs	CDS CERTIFICATE NUMBER  CDS STATE OF REGISTRATION  STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  YES  NO  Code list is found on page 36; use license status codes. Enter	CDS ISSUE DATE  MMDDYYYYY  CDS EXPIRATION DATE  MMDDYYYYY  LICENSE ISSUING STATE  LICENSE ISSUE DATE  MMDDYYYYY  LICENSE EXPIRATION DATE  Code list is found on page 36; use provider type codes. Enter
Supplemental Form on page 19.	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	3-digit code in space provided.    M M D D Y Y Y Y Y
Other ID Numbers  If you have additional Professional IDs to report, use the Professional IDs Supplemental Form on page 19.	ARE YOU A PART- ICIPATING MEDICARE PROVIDER?*  ARE YOU A PART- ICIPATING MEDICAID PROVIDER?*  NO MEDICARE NUMBER  NATIONAL PROVIDER IDENTIFICATION (NPI) NUMBER  WORKERS COMPENSATION NUMBER	UPIN  MEDICAID STATE  ITHOUT HYPHENS)
		FMG CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)

Section 2	Education and Training
ndergraduate	UNDERGRADUATE SCHOOL
ichool(s)	UNDERGRADUATE SCHOOL
rovide the appropriate iformation for the chool that issued your	OFFICIAL NAME OF UNDERGRADUATE SCHOOL
ndergraduate degree nd all schools	
ttended.	ADDRESS
Professional	CITY STATE ZIP/POSTAL CODE
School(s)	COUNTRY CODE TELEPHONE FAX
rovide the appropriate nformation for the	
chool that issued your rofessional degree.	START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
ifth Pathway Graduates lease complete the ollowing sections: U.S. school that issued your	DID YOU COMPLETE YOUR UNDERGRADUATE EDUCATION AT THIS SCHOOL?  YES NO
ertificate, the Non-U.S. School where you	GRADUATE TYPE*:
ttended, and the Fifth lathway institution here you completed our training on	U.S. OR CANADIAN GRADUATE NON-U.S./CANADIAN GRADUATE FIFTH PATHWAY GRADUATE
Supplemental Page 20.	U.S. OR CANADIAN SCHOOL
ode lists are found on ages 36-43. Enter the ssociated 3-digit code	SCHOOL CODE (U.S./ CANADIAN ONLY)  NAME OF U.S./ CANADIAN SCHOOL:
n the space provided.	MMYYYY
you have additional Indergraduate or	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED
Professional Schools to eport, use the ducation Supplemental form on page 20.	DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL?  YES NO
o o pago 20.	NON - U.S. OR CANADIAN SCHOOL
	OFFICIAL NAME OF NON-U.S. PROFESSIONAL SCHOOL
	ADDRESS
	CITY COUNTRY CODE POSTAL CODE
	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED
	DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL?  YES NO
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	Education	on and Trail	ning (Cor	ntinue	ed)													
INSTITUTION/HOSPITAL NAME (USE BOTH LINES IF REQUIRED)  MAMBER STREET SUITE  TOTY STATE ZIPPOSTAL CODE  OCOUNTRY OCOUNTR																		
MINITITUTION/HOSPITAL NAME (USE BOTH LINES IF REQUIRED)  NUMBER STREET SUITE  COUNTRY CODE  TELEPHONE  TELEPHONE  DID YOU COMMARTE THIS TRAINING PROGRAM AT THIS INSTITUTION?  (IF NOT, PLEASE USE THE SPACE BELOW TO EXPLAIN.)  List each department separately, if applicable.  List internship/ Residency, Fellowship and Other programs separately.  NAME OF DIRECTOR  DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)  RESIDENCY  FELLOWSHIP OTHER  START DATE  END DATE  DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)  RESIDENCY  FELLOWSHIP OTHER  START DATE  END DATE  DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)  NAME OF DIRECTOR  START DATE  END DATE  NAME OF DIRECTOR  START DATE  END DATE  NAME OF DIRECTOR  START DATE  NAME OF DIRECTOR  START DATE  END DATE  NAME OF DIRECTOR  START DATE  END DATE  NAME OF DIRECTOR  START DATE																_	SCH	HOOL
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DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)		DEPARTMENT/SPEC	CIALTY (DO NO	T ABBRE	VIATE)													
NAME OF DIRECTOR		NAME OF DIRECTO	DR .															

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 3 **Professional / Medical Specialty Information** DO YOU WISH TO INITIAL **Primary** SPECIALTY BE LISTED IN THE DIRECTORY HMO YES NO CODE Specialty DATE UNDER THIS RECERTIFICATION SPECIALTY? BOARD Code lists are found on YES NO YES NO DATE PPO CERTIFIED? (IF APPLICABLE) pages 36-43. Enter the associated 3-digit code CERTIFYING in the space provided. **EXPIRATION DATE** POS YES NO (IF APPLICABLE) CODE IF NOT I INTEND TO SIT FOR AN I DO NOT INTEND TO TAKE BOARD EXAM. RESULTS EXAM ON A CERTIFYING BOARD EXAM. CERTIFIED PENDING FOR (SELECT ONE) CERTIFYING BOARD CODE IF YOU INDICATED THAT YOU DID NOT INTEND TO TAKE A CERTIFYING BOARD EXAM, PLEASE USE THE FOLLOWING SPACE TO EXPLAIN. OTHERWISE LEAVE THE SPACE BLANK. **Secondary** INITIAL DO YOU WISH TO **SPECIALTY** BE LISTED IN THE DIRECTORY HMO YES NO CERTIFICATION CODE **Specialty** DATE RECERTIFICATION SPECIALTY? BOARD YES NO DATE (IF APPLICABLE) YES NO PPO Code lists are found on CERTIFIED? pages 36-43. Enter the associated 3-digit code CERTIFYING EXPIRATION DATE in the space provided. YES BOARD POS NO (IF APPLICABLE) CODE If you have additional IF NOT I HAVE TAKEN I DO NOT INTEND TO TAKE A CERTIFYING BOARD EXAM. Professional / Medical I INTEND TO SIT FOR AN BOARD **EXAM. RESULTS** EXAM ON Specialties to report. CERTIFIED (SELECT PENDING FOR use the Additional ONE) Specialties Supplemental Form on page 22. CERTIFYING BOARD CODE IF YOU INDICATED THAT YOU DID NOT INTEND TO TAKE A CERTIFYING BOARD EXAM, PLEASE USE THE FOLLOWING SPACE TO EXPLAIN, OTHERWISE LEAVE THE SPACE BLANK.

l	* REQUIRED RE	SPONSE. NO	RESP	ONSE	MAY	CAUS	SE PR	OCES	SING	DELA	YS AN	ID REQUIR	E FOLL	OW-UF	٠.								
Section 3	Professi	onal / M	edic	al S	Spe	cial	ty I	nfo	rma	tior	(C	ontinue	d)										
Certifications	Do you hold t	he following	certifi	icatio	ns? If	yes,	provi	de ex	cpirati	on da	ates.												
	DAGIO LIEE		1	EXPIR	RATIO	N DATI	E					ADV L	JFE				EX	PIRATI	ON DA	TE			
	BASIC LIFE SUPPORT?*	YES	NO	M	M	D	D	Υ	Υ	Υ	Υ		ORT IN		YES	N	)	1   1	1 D	D	Υ	Υ	Υ
	CPR?*	YES	NO	M	M	D	D	Υ	Υ	Υ	Υ	LIFE	TRAUMA ORT?*		YES	No	)	1 1	1 D	D	Υ	Υ	Υ
	ADV CARDIAC LIFE SPT?*	YES	NO	М	М	D	D	Υ	Υ	Υ	Υ	PEDIA ADVA LIFE S	NCED		YES	NO	)	1 N	1 D	D	Υ	Υ	Υ
	NEONATAL ADVANCED LIFE SPT?*	YES	NO	М	М	D	D	Υ	Υ	Υ	Υ												
Practice																							
nterests																							
Provide additional areas of professional practice interest,																							
activities, procedures, liagnoses or oopulations.																							
Primary																							
Credentialing Contact	LAST NAME																						
HECK HERE TO SE THE OFFICE	FIRST NAME																						М
ANAGER AND DDRESS OF THE RIMARY PRACTICE																							
OCATION AS THE REDENTIALING IFORMATION.	NUMBER			STRE	ĒΤ														_	SUITE	BUILI	DING	
	CITY			_													ST	ATE		ZIP (	CODE		
NOTE:	TELEBUONE			-					FAV					-									
Even if you checked the boxes above, please provide the	TELEPHONE								FAX														
e-mail address, if available.	E-MAIL ADDRES	SS																					
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									3	80	2												

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 4	Practice	Location	Informat	ion									
Primary	NOTE: IF YOU	INDICATED TH	AT YOU PRACT	ICE EXCLUSIV	ELY WITH	IN THE INP	ATIENT SE	ETTING ON	PAGE 1, Y	OU ARE ONL	Y REQUIRE	D TO COMPLET	E THE
Practice		10 CONTACT C	OLSTION ABO			LEFT BLAN	K. TOO WIF	AT PROCEI	D TO SEC	TION 3 ON FA	IGL 11.		
Location	CURRENTLY PRACTICING AT THIS ADDRESS		S NO	IF NO, WHAT YOUR EXPEC START DATE	TED	M D	D Y	ΥΥ	′ Y				
If you have additional practice locations, use													
the Supplemental	PHYSICIAN GRO	OUP / PRACTICE	E NAME TO APPE	AR IN DIRECTO	RY (DO NO	T ABBREVI	ATE)*						
Practice Location Information Form on													
pages 25-29.													
	GROUP / CORP	ORATE NAME A	S IT APPEARS O	N W-9, IF DIFFE	RENT FRO	M ABOVE (E	O NOT ABE	BREVIATE)					
<b>NOTE:</b> "General Correspondence" refers													
to any correspondence	NUMBER*		STREET*									SUITE/BUILDING	3
that might be sent to the provider that does not													
solely relate to creden-	CITY*									STA	] TE*	ZIP CODE*	
tialing or billing information.	SEND GENERA	L YE	s No										
TIP Your Individual Tax	CORRESPON- DENCE HERE?*			TELEPHONE*					FAX				
ID is assumed to be				TELEPHONE					FAA				
your Primary Tax ID unless you specify													
otherwise to the right.	OFFICE E-MAIL	. ADDRESS								DDIMARY			
		-	-			-	-			PRIMARY TAX ID	TAX	E INDIVIDUAL ( ID	USE GROU
	INDIVIDUAL TA	X ID		G	ROUP TAX	ID				(ONE ONLY)			
Office Manager													
or Business													
Office Staff	LAST NAME*												
Contact													
List each contact	FIRST NAME*												M.I.
separately. You may use the check boxes													
below for convenience.	TELEPHONE*				FAX								
Do not write instructions like "see	TEEE HORE				TAX								
above". These responses will be													
rejected and will	E-MAIL ADDRES	SS											
require follow-up.													
Billing Contact													
	LAGENAMES										ШЦ		
CHECK HERE TO	LAST NAME*												
USE OFFICE MANAGER AND													M.I.
OFFICE ADDRESS AS BILLING INFORMATION	FIRST NAME*												M.1.
- IN ORMATION													
	NUMBER*		STREET*									SUITE/BUILDING	3
NOTE:													
	CITY*									STA	ATE*	ZIP CODE*	
Even if you checked the box above, please													
provide the	TELEPHONE*				FAX								
E-mail Address of the Billing Contact.	7222 HORE												
	E-MAIL ADDRES	ss											
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Section 4	Practice	Location	on Info	rmatio	on (Co	ontinu	ed)											
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ayment and emittance	ELECTRONIC BILLING	YE	s no															
emittance	CAPABILITIES?	'		E	ILLING D	EPARTME	NT (IF F	IOSPITAL	-BASED)									
IR "CHECK PAYABLE TO"																		
ORMATION SHOULD BE ISISTENT WITH YOUR																		
	CHECK PAYABL	E TO*																
ECK HERE TO																		
OFFICE IAGER AND																		
ICE ADDRESS	LAST NAME*																	
	FIRST NAME*																	
			1 6			1									1 6			
	NUMBER*		STR	EET*											SI	UITE/BUIL	_DING	
published under any circumstances.    YES																		
	CITY*					السال							ST	ATE*	7	IP CODE	•	
						<b>—</b> F										5552		
ovide the										_								
	TELEPHONE*					F/	AX											
-																		
	E-MAIL ADDRE	38																
fice Hours	(USE HHMM	FORMAT A	AND ROU	ND TO T	HE NEA	REST H	ALF-H	OUR)										
PIRST NAME  NUMBER* STREET* SUITE/BUILD  THE STATE* ZIP CODE*  BOX above, please ovide the mail Address of the type Contact.  E-MAIL ADDRESS   FICE HOURS  (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)  START P-M END P-M SATURDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  WEDNESDAY  THURSDAY  WEDNESDAY  THURSDAY  WEDNESDAY  WEDNESDAY  THURSDAY  ASSERVICE  THURSDAY  ASSERVICE  ANSWERING SERVICE  ASSERVICE  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS INTO THIS PRACTICE?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  VES NO ACCEPT NEW MEDICAID PATIENTS?*  ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?*  VES NO ACCEPT NEW MEDICAID PATIENTS?*  ACCEPT NEW MEDICAIDED)		A=AM P=PM																
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er hours back office ephone will be used by by the health plan d will not be olished under any distances.	THURSDAY  24/7 PHONE CO  YES	NO	AN SE	RVICE	i	INSTRUCT ANSWERIN	TIONS TO	CALL /ICE	WITH	OTHER UCTIONS				ACK OF	FICE TEL	EPHONE		
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er hours back office phone will be used by by the health plan will not be dished under any umstances.	THURSDAY  24/7 PHONE CO  YES  ACCEPT NEW F	NO PATIENTS INT	AN SE	RVICE CTICE?*	AYOR?*	YE	TIONS TO	NO NO	ACC	OTHER UCTIONS CEPT ALL	NEW P	ATIENTS?	i* IENTS?*	-	FICE TEL	EPHONE	YES	:
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er hours back office phone will be used by by the health plan will not be dished under any umstances.	THURSDAY  24/7 PHONE CO  YES  ACCEPT NEW F  ACCEPT EXIST  ACCEPT NEW IF  IF ANY OF THE ABOVE INFORT VARIES BY PLA EXPLAIN (USE	PATIENTS INT	AN SE	RVICE CTICE?*	AYOR?*	YE	TIONS TO	NO NO	ACC	OTHER UCTIONS CEPT ALL	NEW P	ATIENTS?	i* IENTS?*	-	FICE TEL	EPHONE	YES	:
TELE PHONE  TRUBPIONE  TRUBPIONE	:																	
Vivin if you checked he box above, please rounded the mail Address of the syape Contact.    TELEPHONE*	:																	
er hours back office ephone will be used by by the health plan d will not be blished under any cumstances.	THURSDAY  24/7 PHONE CO  YES  ACCEPT NEW F  ACCEPT NEW F  ACCEPT NEW F  ABOVE INFORT VARIES BY PL  EXPLAIN (USE  LINES IF RED  ARE THERE AN PRACTICE LIMIT	NO PATIENTS INT PATIENTS WI MATION AN, BOTH RED) ITATIONS?*	TO THIS PRACES WITH CHA	CTICE?*  NGE OF P	AYOR?*  RAL?*	YE YE YE	ES ES	NO NO NO	ACC ACC MITATIONS MINIMUM	OTHER UCTIONS CEPT ALL CEPT NEV	NEW P.	ATIENTS?	IENTS?*	-	FICE TEL	EPHONE	YES	:
er hours back office ephone will be used y by the health pland will not be blished under any cumstances.	THURSDAY  24/7 PHONE CO  YES  ACCEPT NEW F  ACCEPT NEW F  ACCEPT NEW F  ABOVE INFORT VARIES BY PL  EXPLAIN (USE  LINES IF RED  ARE THERE AN PRACTICE LIMIT	NO PATIENTS INT PATIENTS WI MATION AN, BOTH RED) ITATIONS?*	TO THIS PRACES WITH CHA	CTICE?*  NGE OF P	AYOR?*  RAL?*  NDER LIM  MALE ONLY	YE YE YE	ES ES	NO NO NO	ACC ACC ACC MITATIONS MINIMULAGE	CEPT NEV	NEW P.	ATIENTS?	IENTS?*	-	FICE TEL	EPHONE	YES	:

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 **Practice Location Information** (Continued) DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?\* **Mid-Level** YES NO **Practitioners** (IF YES, PLEASE PROVIDE THE INFORMATION BELOW) PRACTITIONER LAST NAME PRACTITIONER FIRST NAME МΙ PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER FIRST NAME M.I. PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME мі PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER FIRST NAME PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER STATE

n 4	Practice Lo	cation l	nforn	nation (Contin	nued)														
ages	LANGUAGES																		
s are found on	NON-ENGLISH LANG SPOKEN BY OFFICE																		
. Enter the			LAI	NGUAGE CODE L	ANGUAGE	CODE	LA	NGUAG	E CODE	LANG	UAGE	CODE		LANG	JAGE	CODE			
ed 3-digit code ace provided.	INTERPRETERS	YES	NO	LANGUAGES															
	AVAILABLE?*		]	INTERPRETED I	LANGUAGI	CODE	L	ANGUA	GE CODE	LANG	UAGE (	CODE		LANG	JAGE	CODE			
sibilities																			
	DOES THIS OFFICE M	IEET ADA AC	CESSIBIL	ITY REQUIREMENTS?*	YE	•	NO			1							-		-
	DOES THIS SITE OFF ACCESS FOR THE FO		PPED	DOES THIS SERVICES	S SITE OFF	ER OTH	ER D?*		YES	NO		CESSIB BLIC TR			TION?	*	YES	S	NO
	BUILDING?*	YES	NO	TEXT	TELEPHON	IY (TTY)	,		YES	NO		В	BUS*				YES	s	N
						,			· _								_	H	_
	PARKING?*	YES	NO	AMER	ICAN SIGN	LANGU	AGE*		YES	NO		S	SUBW	AY*			YES	3	N
	RESTROOM?*	YES	NO	MENT	AL/PHYSIC	AL IMPA	IRMENT		YES	NO		R	REGIO	NAL TI	RAIN*		YES	s	N
	KZGTKGGIII.	120	110	SERV	ICES*				120								1	Ļ	ļ.
	OTHER HANDICAPPI	ED ACCESS		OTHER	DISABILIT	SERVIC	ES				от	HER T	RANS	PORTA	TION	ACCESS	s		
es	Does this location	provide an	v of the	following services?															
	_			IF YES, PROVIDE A		G/													
	LABORATORY SERVICES?	YES	NO	CERTIFYING PROG (E.G., CLIA, COLA,															
	RADIOLOGY			IF YES, PROVIDE X	-RAY														
	SERVICES?	YES	NO	CERTIFICATION TY															
	EKGS?	VEO	NO	ALLERGY				ΔIIF	RGY SKIN					ROUT	INE O	FFICE			
	ERG5:	YES	NO	INJECTIONS?	YES		МО	TESTI		Y	ES	NO		GYNE (PELV				YES	
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE	YES		NO	FLEXII	BLE DIDOSCOPY	2 Y	ES	NO		TYMP Y/ AU	DIOME	TRY		YES	
	ASTHMA		=	IMMUNIZATIONS?		Н								SCRE		<b>}</b> ?			
	TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES		МО		DRATION/ TMENT?	Y	ES	NO		STRE		ST?		YES	
	PULMONARY FUNCTION	YES	NO	PHYSICAL THERAPY?	YES		NO		OF MINOR RATIONS?	Y	ES	NO							
	TESTING?			THERAFT?				LACE	KATIONS?										
	IS ANESTHESIA	YES	NO	IF YES, WHAT CLASS/CATEGORY															
	ADMINISTERED IN YOUR OFFICE?	120		DO YOU USE?															
	IF YES, WHO ADMINISTERS IT?																		
	ı	AST NAME								FIF	ST NAM	ME							
	TYPE OF PRACTICE		1																
	(SELECT ONE ONLY)		SOLO	PRACTICE	SIN	IGLE SP	ECIALT	Y GROU	IP	MU	JLTI-SPI	ECIALT	ry GR	OUP					
	ADDITIONAL OFFICE	PROCEDUR	ES PROVI	DED (INCLUDING SUR	GICAL PRO	CEDURE	S)												
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Section 4	* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.  Proceedings Information (Continued)		
Section 4	Practice Location Information (Continued)		
Partners/ Associates	LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE		
ode lists are found on			
ages 36-43. Enter the	LAST NAME		SPECIALTY CODE COVERING COLLEAG
ssociated 3-digit code the space provided.			(Y/N)?
you have additional	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
artners/associates at			
HIS location, use the artner/Associate			SPECIALTY CODE COVERING
upplemental Form on age 23. Photocopy as	LAST NAME		SPECIALTY CODE COVERING COLLEAG (Y/N)?
ecessary. Be certain			
o check "Primary ocation" at the top of ne page.	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
. 1 . 3 .			
	LAST NAME		SPECIALTY CODE COVERING
			(Y/N)?
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
Covering	LIST ALL COVERING COLLEAGUES THAT ARE <u>NOT</u> PARTNERS/ASSOCIATES AT THIS PRACTICE		
Colleagues			
Cada liata ara favord an			
Code lists are found on pages 36-43. Enter the	LAST NAME		SPECIALTY CODE
associated 3-digit code n the space provided.			
f you have additional	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
covering colleagues			
that are not partners at THIS location, use the			
Covering Colleagues Supplemental Form on	LAST NAME		SPECIALTY CODE
page 24. Photocopy as necessary. Be certain			
to check "Primary Location" at the top of	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
he page.			
	LAST NAME		SPECIALTY CODE
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
Postion E			TROVIDER THE (CODE TO 50)
Section 5	Hospital Affiliations		
Admitting Arrangements	DO YOU HAVE HOSPITAL PRIVILEGES?*  IF YOU DO NOT ADMIT PATIENTS, WHAT TYPE OF ADMITTING ARRANGEMENTS DO YOU HAVE?		
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1\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

### Section 5

### Hospital Privileges

If applicable, list all hospital affiliations. List primary hospital, then other current affiliations, followed by previous affiliations in chronological order.

If you have additional hospital privileges, use the Supplemental Hospital Privileges Form on page 30.

TIP Be certain your admission percentages add up to 100% for current hospitals. Otherwise, you will have to correct this error.

<b>Hospital Affiliations</b>	(Cont	inued	)																	
PRIMARY HOSPITAL																				
HOSPITAL NAME																				
NUMBER	STREET																SUITE	/BUILDI	NG	
													1							
CITY														STA	TE		71P C	CODE		
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TELEPHONE			4	_	FA	Y														
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																		Ш		
DEPARTMENT NAME																				
DEPARTMENT DIRECTOR'S LAST N	AME																			
DEPARTMENT DIRECTOR'S FIRST I	IAME						-					1 1								M.I.
M M Y Y Y		M	Υ	Υ	Υ	Υ			UNRES	STRICTEI ?	D	YES	N	Ю	ARE P			,	YES	NO
AFFILIATION START DATE	Α	FFILIATI	ON ENI	D DATE	:							OF YO	NIR TO	τΔΙ Δ	ANNUA	ı				-
												ADMI		S, WH	AT PER		AGE			%
ADMITTING PRIVILEGE STATUS (E.	3. NONE,	FULL UNI	RESTR	ICTED,	PROV	ISION	AL, T	EMPO	RARY)											_
OTHER HOSPITAL																				
HOSPITAL NAME																				
NUMBER	STREET																SUITE	/BUILDI	NG	
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CITY				_										STA			ZIP C			
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TELEPHONE					FA	x		[			]-[_				NIE					
TELEPHONE DEPARTMENT NAME					FA	X					]-[_ _]_									
					FA	X														
	AME				FA	x														
DEPARTMENT NAME	AME				FA	X														
DEPARTMENT NAME					FA	X														M.I.
DEPARTMENT NAME  DEPARTMENT DIRECTOR'S LAST N  DEPARTMENT DIRECTOR'S FIRST N	AME				FA	X		FULL	, UNRES	STRICTE		YES			ARE P				YES	
DEPARTMENT NAME  DEPARTMENT DIRECTOR'S LAST N  DEPARTMENT DIRECTOR'S FIRST N	IAME	M M	N FNI			X		FULL	, UNRES	STRICTE!		YES		lo					YES	M.I. NO
DEPARTMENT NAME  DEPARTMENT DIRECTOR'S LAST N  DEPARTMENT DIRECTOR'S FIRST N	IAME	MMM	Y	Y		Y		FULL,	, UNRES	BTRICTER?		OF YO	OUR TO	IIO STAL A	ARE P	DRARY	(?		YES	NO
DEPARTMENT DIRECTOR'S LAST N DEPARTMENT DIRECTOR'S FIRST N M M Y Y Y AFFILIATION START DATE	IAME	FFILIATI			Y	Y		PRIVI	LEGES	STRICTE!?		OF YO	OUR TO	OTAL A	ARE P	DRARY	(?		YES	
DEPARTMENT DIRECTOR'S LAST N  DEPARTMENT DIRECTOR'S FIRST N  M M Y Y Y Y  AFFILIATION START DATE  ADMITTING PRIVILEGE STATUS (E.	IAME	FFILIATI			Y	Y	AL, TI	PRIVI	LEGES	STRICTE!		OF YO	OUR TO	OTAL A	ARE P	DRARY	(?		YES	NO
DEPARTMENT NAME  DEPARTMENT DIRECTOR'S LAST N  DEPARTMENT DIRECTOR'S FIRST N  AFFILIATION START DATE	IAME	FFILIATI				Y	AL, TI	PRIVI	LEGES	STRICTE!		OF YO	OUR TO	OTAL A	ARE P	DRARY	(?		YES	NO

ı	* REQUIRED RESPONSE. NO RESPONSE.	SE MAY CAUSE	PROCESS	SING DELAYS A	ND REQUIRE	FOLLOW-UP.				ı
Section 6	Professional Liability I	nsurance	Carrie	er						
Professional Liability								SEL	F-INSURED?*	YES
Insurance	CARRIER OR SELF-INSURED NAME*									
Carrier										
IMPORTANT IF YOU DO NOT CARRY	NUMBER* STR	EET*							SUITE/BUILDING	
MALPRACTICE INSURANCE, CHECK	CITY*							STATE*	ZIP CODE*	
THIS BOX AND SKIP THIS SECTION.	M M Y Y Y	M M	/ Y	Y	ММ	YYY		YPE OF OVERAGE?*	INDIVIDUAL	SHARED
	ORIGINAL EFFECTIVE DATE*	EFFECTIVE DA	TE*		EXPIRATION	DATE				
	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?*	YES	NO	\$			\$			
	POLICY INCLUDES TAIL COVERAGE?	YES	NO	AMOUNT C	F COVERAGE I	PER OCCURREN	CE /	AMOUNT OF COV	ERAGE AGGREGAT	E
	POLICY NUMBER*									
Professional Liability								SEL	F-INSURED?	YES
Insurance	CARRIER OR SELF-INSURED NAME									
Carrier										
List other current, future, or previous	NUMBER* STR	EET*							SUITE/BUILDING	
carrier(s) if current										
carrier is less than ten (10) years.	CITY*							STATE*	ZIP CODE*	
				V V		V V V	Т	YPE OF	T	
NOTE: A longer period may be required by your healthcare entity.	ORIGINAL EFFECTIVE DATE*	EFFECTIVE DA	TE*	Y	EXPIRATION	DATE		OVERAGE?*	INDIVIDUAL	SHARED
				_	1					
If you have additional Insurance, use the	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?	YES	NO	\$			\$			
Supplemental				AMOUNT C	F COVERAGE I	PER OCCURRENC	E /	AMOUNT OF COV	ERAGE AGGREGAT	E
Insurance Form on page 31.	POLICY INCLUDES TAIL COVERAGE?	YES	NO							
	POLICY NUMBER*									
Section 7	Work History and Refe	rences								
Military Duty	Are you currently on active military duty or military reserve?*	YES	NO							
Work History	WORK HISTORY									
Include a chronological work history for the										
past 10 years.	PRACTICE / EMPLOYER NAME									
A longer period may be required by your										
healthcare entity.	NUMBER STF	REET							SUITE/BUILDING	
If you have additional										
work history, use the Supplemental Work History Form on page 32.	CITY				;	STATE	ZIP/POSTA	L CODE		
				3089	9					I

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 7 Work History and References (Continued) **Work History** Do not list current positions. Those TELEPHONE should be listed in Section 4. Include a chronological COUNTRY CODE START DATE **END DATE** work history for the REASON FOR DEPARTURE (IF APPLICABLE) past 10 years. A longer period may be required by your healthcare entity If you have additional work history, use the **WORK HISTORY** Supplemental Work History Form on page PRACTICE / EMPLOYER NAME NUMBER STREET SUITE/BUILDING CITY STATE ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE **END DATE** REASON FOR DEPARTURE (IF APPLICABLE) WORK HISTORY PRACTICE / EMPLOYER NAME SUITE/BUILDING NUMBER STREET CITY ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE REASON FOR DEPARTURE (IF APPLICABLE)

	Work Histor	y and R	eferer	ices	(Con	tinue	d)														
nal /	PLEASE EXPLAIN ANY LONGER THAN THREE	TIME PERIO MONTHS IN	DS OR GAI DURATION	PS IN TR	AINING A SHOR	OR WOR	K HISTO RATION I	RY TH	AT HAVE JIRED BY	OCCUR THE O	RED SII RGANIZ	NCE G ATION	RADUA FOR V	TION F	ROM I	PROFE RE BE	ESSIO EING C	NAL SC	HOOL	AND AF	RE
ory	GAP START DATE	M M	Y	Υ	/	GAP ENI	D DATE	M	М	Y	Υ	Υ									
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orm on																					
nal s																					_
	LAST NAME*																				_
ences	FIRST NAME*																	PRO	VIDER '	TYPE (C	co
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ode	CITY*		حالصان رحص ر			_		Щ.		_ _					STAT	ſE*		ZIP CC	DE*		
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	TELEPHONE			1			FAX				_								<u></u>		_
oe s	LAST NAME*																			_L	_
or	FIRST NAME*																	PRO	VIDER	TYPE (	CC
	NUMBER*		STREET*															APT/SU	ITE/BU	ILDING	;
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	LAST NAME*																				
	FIRST NAME*									_  _								PRO	VIDER	TYPE (	CC
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	CITY*														STAT	E*	1	ZIP CC	DE*	_	
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\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

#### Section 8 **Disclosure Questions Disclosure** LICENSURE Questions Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, YES denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any con-Answer all questions. ditions or limitations by any state or professional licensing, registration or certification board?\* For any "Yes" response, provide an YES NO Has there been any challenge to your licensure, registration or certification?\* explanation on the Supplemental Disclosure Question HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS Explanation Form on Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever page 34. been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for YES reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, Allied Health or governing board?\* **Providers** YES NO Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?\* If you are an Allied Health Provider and you do not believe a Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action. YES question is applicable by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?\* to you, you should answer the question **EDUCATION, TRAINING AND BOARD CERTIFICATION** "NO". Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, resi-YES dency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?\* NO Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status YES as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?\* YES NO Have any of your board certifications or eligibility ever been revoked?\* 8. 9. YES NO Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?\* DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been chal-10. YES lenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?\* MEDICARE, MEDICAID OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or other-YES wise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?\* OTHER SANCTIONS OR INVESTIGATIONS Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, educa-12. YES tion or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct? To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare 13 YES Integrity and Protection Data Bank?\* Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, 14 YES NO OSHA, etc.)?\* Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or 15. YES NO resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or 16. YES agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?\* PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your YES individual liability history?\* Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance 18 YES carrier, based on your individual liability history?\*

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

25.

26.

YES

YES

accommodation?

#### Section 8 **Disclosure Questions** (Continued) **Disclosure** MALPRACTICE CLAIMS HISTORY Questions Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?\* YES 19 Answer all questions. If yes, provide information for each case. For any "Yes" response, provide an **CRIMINAL/CIVIL HISTORY** explanation on the Supplemental Disclosure Question NO Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?\* 20. YES Explanation Form on page 34. In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor YES NO traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, compe-21. **IMPORTANT** If you answered "Yes" tence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual to question #19, you must complete the YES NO Have you ever been court-martialed for actions related to your duties as a medical professional?\* Supplemental Malpractice Claims Explanation Form on Note: A criminal record will not necessarily be a bar to acceptance. Decisions will be made by each health plan or page 35 for each credentialing organization based upon all the relevant circumstances, including the nature of the crime. malpractice claim. **ABILITY TO PERFORM JOB** Are you currently engaged in the illegal use of drugs?\* YES ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.) NO Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the func-YES 24. tions of your job with reasonable skill and safety?\*

NO Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?\*

NO Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable

### Standard Authorization, Attestation and Release

(Not for Use for Employment Purposes)

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity.

Authorization of Investigation Concerning Application for Participation. I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agent(s); the Entity's affiliated entities and their representatives, employees, and/or designated agents; and the Entity's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow the Entity and/or its Agent(s) to inspect and copy all records and documents relating to such an investigation.

Authorization of Third-Party Sources to Release Information Concerning Application for Participation. I authorize any third party, including, but not limited to, individuals, agencies, medical groups responsible for credentials verification, corporations, companies, employers, former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical credentialing and accreditation agencies, professional medical societies, the Federation of State Medical Boards, the National Practitioner Data Bank, and the Health Care Integrity and Protection Data Bank, to release to the Entity and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation in, or with, the Entity. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and Release.

Authorization of Release and Exchange of Disciplinary Information. I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to the Entity and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law. As used herein, "Disciplinary Information" means information concerning (i) any action taken by such health care organizations, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have knowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

Release from Liability. I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to the gross negligence or willful misconduct of the Entity, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not to sue any Entity, any Agent(s), or any other third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities. In this Authorization, Attestation and Release, all references to the Entity, its Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. The Entity or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at an Entity, a member of an Entity's medical or health care staff, or a participating provider of an Entity. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide another consent may be grounds for termination or discipline by the Entity in accordance with the application, Attestation and Release is

I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted online or in writing, and must be dated and signed by me (may be a written or an electronic signature). I acknowledge that the Entity will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release and that I have access to the bylaws of applicable medical staff organizations and agree to abide by these bylaws, rules and regulations. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

Signature*	Name (print)*	
M M D D Y Y Y		
DATE SIGNED*		
	3094	

## **Professional IDs Supplemental Form**

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 1	Personal Information and Professional IDs	
Professional IDs  Include all additional state licenses, DEA Registration and State Controlled Dangerous	FEDERAL DEA NUMBER  DEA STATE OF REGISTRATION	M M D D Y Y Y Y  DEA ISSUE DATE  M M D D Y Y Y Y  DEA EXPIRATION DATE
Substance (CDS) certification numbers.  Provide all current and previous licenses/ certifications.  If you need to report additional Professional IDs, photocopy this	FEDERAL DEA NUMBER  DEA STATE OF REGISTRATION	M M D D Y Y Y Y  DEA ISSUE DATE  M M D D Y Y Y Y  DEA EXPIRATION DATE
page as needed and submit as instructed.	CDS CERTIFICATE NUMBER  CDS STATE OF REGISTRATION	M M D D Y Y Y Y  CDS ISSUE DATE  M M D D Y Y Y Y  CDS EXPIRATION DATE
	CDS CERTIFICATE NUMBER  CDS STATE OF REGISTRATION	M M D D Y Y Y Y  CDS ISSUE DATE  M M D D Y Y Y Y  CDS EXPIRATION DATE
	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  NO	LICENSE ISSUING STATE  MMDDYYYYY  LICENSE ISSUE DATE  MMDDYYYYY  LICENSE EXPIRATION DATE
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.
	STATE LICENSE NUMBER  IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  NO	LICENSE ISSUING STATE  MMDDYYYYY  LICENSE ISSUE DATE  LICENSE EXPIRATION DATE
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.  LICENSE STATUS CODE  LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.

## Other Relevant Education Supplemental Form

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 2	Education and Training	
Fifth Pathway	FIFTH PATHWAY GRADUATES ONL	.Y
Education		
	INSTITUTION/HOSPITAL WHERE U.S. CLINICAL TRAINING W.	AS PERFORMED (DO NOT ABBREVIATE)
	ADDRESS	
	CITY	STATE ZIP CODE
		STATE ZIP CODE
	TELEPHONE	FAX
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL 2  YES  NO	MMYYYY
	EDUCATION AT THIS SCHOOL?	START DATE END DATE (GRADUATION DATE)
Other Relevant		
Education	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIA	ATE)
If you need to report additional Education,		
photocopy this page as needed and submit as	NUMBER STREET	SUITE/BUILDING
instructed.		
	CITY	STATE ZIP/POSTAL CODE
	TELEPHONE	FAX
	MMYYYY	MMYYYY
	COUNTRY CODE START DATE  DID YOU COMPLETE YOUR VEG. 100	END DATE (GRADUATION DATE) DEGREE AWARDED
	EDUCATION AT THIS SCHOOL?  YES  NO	
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIA	ATE)
	NUMBER STREET	SUITE/BUILDING
	CITY	STATE ZIP/POSTAL CODE
	TELEPHONE	FAX
	COUNTRY CODE START DATE	END DATE (GRADUATION DATE)  DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL?	
_		<u>-</u>
	_	3079

# Other Training Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 2	Education	on a	nd T	rain	ing																								
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needed and submit as nstructed.	CITY			Ш											91	ATE			710/	POST	AL CO	)DE							
Code lists are found on pages 36-43. Enter the										_			1.			AIL			2117	1001	AL O	-	ī						
ssociated 3-digit code n the space provided.	COUNTRY CO	DE				-	relepi	HONE										ı	FAX				_						
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	Residency, Fellowship and Other																												
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# Additional Specialty Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 3	Р	rofes	sion	al /	Ме	dica	I S	peci	alty	Info	or	mat	ion																
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Code lists are found on pages 36-43. Enter the	BOAR CERTI		YES	S	NO				ICATIO DA <sup>-</sup> ICABL	TE    \	1	М	D	D	Υ	Υ			Υ			PECIA			ſ	PPO		YES	NO
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# Partners/Associates Supplemental Form

	* REQUIRED RESPONSE (IF THIS PAGE	IS USED). NO RESPONSE MAY CAUSE	PROCESSING DELAYS AND REQUIRE FOLLOW-U	P
Section 4	Practice Location Infor	mation		
Partner/	SPECIFY PRACTICE LOCATION	INDICATE THE PRACTICE LOCATION TO	WHICH YOU ARE ASSOCIATING THESE PROVIDERS.	
Associates				
Jse this page to eport additional	► LOCATION #	PRIMARY PRACTICE	PRACTICE NAME	
partners/associates at he designated			PRACTICE ADDRESS	
practice location.			TRACTICE ADDRESS	
MPORTANT				
n the box provided,	LAST NAME			SPECIALTY CODE COVERING
ndicate to which practice location this				COLLEAGUE (Y/N)?
page belongs.	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
Check "Covering				
Colleague?" if he/she				
orovides coverage for you at THIS location.	LAST NAME			SPECIALTY CODE COVERING
Code lists are found				COLLEAGUE (Y/N)?
on pages 36-43. Enter the associated 3-digit	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
code in the space				
provided.				
If you need to report additional	LAST NAME			SPECIALTY CODE COVERING COLLEAGUE
partners/associates,				(Y/N)?
photocopy this page as needed and submit	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
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	FIRST NAME		M.I.	PROVIDER TYPE (CODE PG 36)
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				COLLEAGUE (Y/N)?
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## **Covering Colleagues Supplemental Form**

Section 4	* REQUIRED I	e Locati			. 0.102					- NEQUITE	. 022011 0		
Covering Colleagues		RACTICE L			CTICE LO	CATION TO	WHICH Y	OU ARE A	SSOCIATI	NG THESE PF	ROVIDERS.		
Include all colleagues providing regular	<b>→</b> L(	OCATION #		PRIN	MARY P	RACTICE	PRACT	ICE NAME					
coverage and his/her specialty, including if							PRACT	ICE ADDR	ESS				
he/she is a partner in one or more of your practice locations.													
IMPORTANT —	LAST NAME											SPECI	ALTY CODE
In the box provided, indicate to which													
practice location this page belongs.	FIRST NAME										'	M.I. PROV	IDER TYPE (CODE PG 36)
Code lists are found on pages 36-43. Enter the	LAST NAME											SPECI	ALTY CODE
associated 3-digit code in the space provided.													
If you need to report additional Covering	FIRST NAME										ı	M.I. PROV	TIDER TYPE (CODE PG 36)
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and submit as instructed.	LAST NAME											SPE	CIALTY CODE
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\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 4	Practice Loca	ation Informat	ion - Page	1 of 5					
Additional Practice	► LOCATION	N* #							
Location	CURRENTLY PRACTICING AT THIS ADDRESS?*	YES NO	IF NO, WHAT IS YOUR EXPECTED START DATE?	M M D	DYY	YY			
IMPORTANT —									
In the box provided, indicate to which practice location this page belongs.	PHYSICIAN GROUP / PR	RACTICE NAME TO APPE	AR IN DIRECTORY (	DO NOT ABBREVIA	ATE)*				
For example, if you practice at three locations, the primary	GROUP / CORPORATE N	NAME AS IT APPEARS O	N W-9, IF DIFFEREN	T FROM ABOVE (D	O NOT ABBREVIATE	)			
location is reported in	NUMBER*	STREET*						SUITE/BUILDING	
the main application and remaining locations would be reported on	CITY*						STATE*	ZIP CODE*	
Supplemental Forms as Location 2 and Location 3.	SEND GENERAL CORRESPON- DENCE HERE?*	YES NO	TELEPHONE*		-	FAX	- I		
			TEEETHONE						
TIP Your Individual Tax ID is assumed to be your Primary Tax ID	OFFICE E-MAIL ADDRES	ss				PRIM	ARY		
unless you specify otherwise to the right.	INDIVIDUAL TAX ID	-	GROU	P TAX ID	-	TAX	D 03	SE INDIVIDUAL X ID	USE GROUTAX ID
Office Manager or Business									
Office Contact	LAST NAME*								
List each contact separately. You may use the check boxes	FIRST NAME*								M.I.
below for convenience.  Do not write instructions like "see	TELEPHONE*			FAX	-				
above". These responses will be rejected and will require follow-up.	E-MAIL ADDRESS								
Billing Contact									
CHECK HERE TO USE OFFICE	LAST NAME*								
MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION	FIRST NAME*								M.I.
	NUMBER*	STREET*						SUITE/BUILDING	
NOTE:	CITY*						STATE*	ZIP CODE*	
Even if you checked the boxes above, please provide the	TELEPHONE*			FAX					
e-mail address of the Billing Contact, if available.	E-MAIL ADDRESS								
 				3100					ı

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information - Page 2 of 5 **Add'I Practice** LOCATION\* # Location (Cont.) Payment and ELECTRONIC YES NO BILLING Remittance CAPABILITIES? BILLING DEPARTMENT (IF HOSPITAL-BASED) YOUR "CHECK PAYABLE TO" INFORMATION SHOULD BE CONSISTENT WITH YOUR W-9. CHECK PAYABLE TO CHECK HERE TO **USE OFFICE** LAST NAME\* MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION FIRST NAME NUMBER SUITE/BUILDING NOTE: Even if you checked CITY\* STATE\* ZIP CODE\* the boxes above, please provide the E-mail Address. TELEPHONE\* Department Name. Electronic Billing and Check Payable To, if applicable. F-MAIL ADDRESS (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR) Office Hours A=AM A=AM A=AM START END START END P=PM P=PM P=PM MONDAY FRIDAY SATURDAY TUESDAY WEDNESDAY SUNDAY NOTE: After hours back office THURSDAY telephone will be used only by the health plan and will not be 24/7 PHONE COVERAGE?\* AFTER HOURS BACK OFFICE TELEPHONE published under any VOICE MAIL WITH INSTRUCTIONS TO CALL ANSWERING WITH OTHER circumstances. YES NO ANSWERING SERVICE INSTRUCTIONS **Open Practice** YFS ACCEPT NEW PATIENTS INTO THIS PRACTICE?\* NO YES NΩ ACCEPT ALL NEW PATIENTS?\* **Status** ACCEPT EXISTING PATIENTS WITH CHANGE OF PAYOR?\* YES NO ACCEPT NEW MEDICARE PATIENTS?\* YES NO YES NO YES **ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?\*** ACCEPT NEW MEDICAID PATIENTS? NO IF ANY OF THE ABOVE VARIES BY PLAN, EXPLAIN ARE THERE ANY GENDER LIMITATIONS AGE LIMITATIONS LIST OTHER LIMITATIONS PRACTICE LIMITATIONS?\* IF YES MINIMUM NONE AGE YES NΩ **FEMALE** MAXIMUM ONLY 3101

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 4	Practice Location Information - Page 3 of 5	
Additional Practice	LOCATION* #	
Location (Continued)	DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?*	NO
IMPORTANT In the box provided, indicate to which	(IF YES, PLEASE PROVIDE THE INFORMATION BELOW)	
practice location this page belongs.		
	PRACTITIONER LAST NAME	
Mid-Level	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP)
Practitioners		
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE
	PRACTITIONER LAST NAME	
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP)
		Sim, im,
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE
	PRACTITIONER LAST NAME	
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA,
		CNP, NP)
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE
	PRACTITIONER LAST NAME	
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA,
		CNP, NP)
	DE ACTIVIOUS LIGENS LASTRES ATT NUMBER	PRACTITIONER STATE
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	FRACIIIONER STATE
	PRACTITIONER LAST NAME	
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP)
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	PRACTITIONER STATE

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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Section 4	Practice Lo	ocation	Inform	ation - Page	4 of 5							
Additional Practice	LOCATIO	ом∗ #										
Location (Continued)  IMPORTANT	LANGUAGES  NON-ENGLISH LANG SPOKEN BY OFFICE			GUAGE CODE LA	ANGUAGE CODE	LANGUAGI	CODE	LANGU	AGE CODE	LANGUAGE CO	ODE	
In the box provided, indicate to which practice location this page belongs.	INTERPRETERS AVAILABLE?*	YES	NO	LANGUAGES INTERPRETED	ANGUAGE CODE	LANGUAG			AGE CODE	LANGUAGE CO		
Accessibilities	DOES THIS OFFICE	MEET ADA AC	CCESSIBILIT	Y REQUIREMENTS?*	YES							
	DOES THIS SITE OF ACCESS FOR THE F		APPED		SITE OFFER OTHER FOR THE DISABLED?		YES	NO	ACCESSIBLE PUBLIC TRAI	BY NSPORTATION?*	YES	NO
	BUILDING?*	YES	NO	TEXT T	ELEPHONY (TTY)*		YES	NO	BUS	S*	YES	NC
	PARKING?*	YES	NO	AMERIO	CAN SIGN LANGUAGI	:*	YES	NO	SUB	BWAY*	YES	NC
	RESTROOM?*	YES	NO	MENTA SERVIC	L/PHYSICAL IMPAIRM CES*	ENT	YES	NO	REG	GIONAL TRAIN*	YES	NO
	OTHER HANDICAPI	PED ACCESS		OTHER D	ISABILITY SERVICES				OTHER TRA	NSPORTATION AC	CESS	Ш
Services	Does this locatio	n provide a	ny of the f	ollowing services?								
	LABORATORY SERVICES?	YES	NO	IF YES, PROVIDE AC CERTIFYING PROGR (E.G., CLIA, COLA, M	AM							
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE X-F CERTIFICATION TYP								
	EKGS?	YES	NO	ALLERGY INJECTIONS?	YES NO	ALLER TESTIN	GY SKIN IG?	YES	NO NO	ROUTINE OFF GYNECOLOGY (PELVIC/PAP)	Y Y	YES
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE IMMUNIZATIONS?	YES NO	FLEXIB SIGMO	LE DOSCOPY	YES	S NO	TYMPANOMET Y/ AUDIOMETI SCREENING?	RY Y	YES
	ASTHMA TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES NO	IV HYD TREAT	RATION/ MENT?	YES	S NO	CARDIAC STRESS TEST	г?	YES
	PULMONARY FUNCTION TESTING?	YES	NO	PHYSICAL THERAPY?	YES NO		OF MINOR ATIONS?	YES	NO			
	IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?	YES	NO	IF YES, WHAT CLASS/CATEGORY DO YOU USE?								
	IF YES, WHO ADMINISTERS IT?											
		LAST NAME						FIRS	TNAME			
	TYPE OF PRACTICE (SELECT ONE ONLY		SOLO P	RACTICE	SINGLE SPECI	ALTY GROUI	•	MUL	TI-SPECIALTY	GROUP		
	ADDITIONAL OFFIC	CE PROCEDUR	RES PROVID	ED (INCLUDING SURGI	ICAL PROCEDURES)							
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	* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW	V-UP.	
Section 4	Practice Location Information - Page 5 of 5		
Additional Practice Location	LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE		
(Continued)	EIGH ALL FACINETON ACCOUNTED AT THIS FINANCISE		
IMPORTANT —			
In the box provided, indicate to which	LAST NAME		SPECIALTY CODE COVERING COLLEAGU
practice location this page belongs.			(Y/N)?
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
If you have additional partners/associates at THIS location, use the Partner/Associate	LAST NAME		SPECIALTY CODE COVERING
Supplemental Form on			COLLEAGU (Y/N)?
page 23. Photocopy as necessary. Be certain	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
to indicate the Practice Location Number at the			
top of the page.  Code lists are found on			
pages 36-43. Enter the associated 3-digit code	LAST NAME		SPECIALTY CODE COVERING COLLEAGU (Y/N)?
in the space provided.	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
	FINGI NAME	WI.I.	PROVIDER TIPE (CODE PG 30)
	LAST NAME		SPECIALTY CODE COVERING
			COLLEAGU (Y/N)?
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
Covering	LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE		
Colleagues			
Code lists are found on	LAST NAME		SPECIALTY CODE
pages 36-43. Enter the associated 3-digit code			
in the space provided.	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
If you have additional covering colleagues			
that are not partners at THIS location, use the	LAST NAME		SPECIALTY CODE
Covering Colleagues			
Supplemental Form on page 24. Photocopy as	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
necessary. Be certain to indicate the Practice			
Location Number at the top of the page.			
	LAST NAME		SPECIALTY CODE
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME		SPECIALTY CODE
	FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)
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# Hospital Privileges (Current) Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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# Professional Liability Insurance Carrier Supplemental Form

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 6	Professional Liability Insurance Carrier
Other Professional Liability	SELF-INSURED? YES NO CARRIER OR SELF-INSURED NAME
Insurance Carrier	NUMBER* STREET* SUITE/BUILDING
List secondary / second layer / future or previous carrier(s).	CITY* STATE* ZIP CODE*
For second layer coverage list name of hospital/organization providing coverage	M M Y Y Y Y M M Y Y Y Y TYPE OF COVERAGE?* INDIVIDUAL SHARED ORIGINAL EFFECTIVE DATE* EXPIRATION DATE
providing coverage	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?  AMOUNT OF COVERAGE PER OCCURRENCE  AMOUNT OF COVERAGE AGGREGATE  POLICY INCLUDES TAIL COVERAGE?  YES  NO
	POLICY INCLUDES TAIL COVERAGE?  YES  NO  POLICY NUMBER*
Other Professional Liability	SELF-INSURED? YES NO CARRIER OR SELF-INSURED NAME
Insurance Carrier	NUMBER* STREET* SUITE/BUILDING
List secondary / second layer / future or previous carrier(s).	CITY STATE ZIP CODE
For second layer coverage list name of hospital/organization providing coverage	M M Y Y Y Y M M Y Y Y Y TYPE OF COVERAGE?* INDIVIDUAL SHARED ORIGINAL EFFECTIVE DATE* EXPIRATION DATE
If you need additional space for Insurance Coverage, photocopy	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?  NO  AMOUNT OF COVERAGE PER OCCURRENCE  AMOUNT OF COVERAGE AGGREGATE  POLICY INCLUDES TAIL COVERAGE?  YES  NO
this page as needed and submit as instructed.	POLICY INCLUDES TAIL COVERAGE?
	POLICY NUMBER*
ı	2106

# Work History Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 7	Work	His	tory	1																							Ī
Work History	WORK	ніст	DRY																								
Use this form to																											
continue listing work history.	PRACTIC	E / EMP	LOYE	RNAM	E																						
If you need additional																											
space for Work History, photocopy this page as	NUMBER	!				STRE	ET																SUIT	E/BUIL	DING		
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# Professional Training / Work History Gaps Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 7 **Professional Training / Work History Gaps Professional** GAP START DATE GAP END DATE Training / **Work History Gaps** Please explain any time periods or gaps in training or work history that have occurred since graduation from professional school and are longer than three month in duration GAP START DATE GAP END DATE or of a shorter duration if required by the organization for which you are being credentialed. **GAP START DATE** GAP END DATE GAP START DATE GAP END DATE **GAP START DATE GAP END DATE**

## **Disclosure Questions Supplemental Form**

* REQUIRED RI			IS USE	D). NO F	RESPON	SE MAY	CAUSE	PROCE	SSING	3 DELA	AYS AN	ND RE	QUIRE	FOLL	-OW-L	JP.				
QUESTION #	EXPLANAT																			
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## Malpractice Claims Explanation Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

### Section 8 **Malpractice Claims Explanation Malpractice** DATE OF OCCURRENCE\* DATE CLAIM **Claims** WAS FILED\* **Explanation** STATUS OF CLAIM\* (NOTE: IF CASE IS PENDING, SELECT OPEN) Use this form to report IF SETTLED, ENTER DATE OPEN CLOSED any "Yes" response to **CLAIM WAS SETTLED** Disclosure Question If you need additional space to explain a Yes response, photocopy this page as needed and submit as PROFESSIONAL LIABILITY CARRIER INVOLVED\* (USE BOTH LINES IF NECESSARY) instructed. NUMBER\* STREET SUITE/BUILDING CITY\* ZIP CODE\* METHOD OF DISMISSED SETTLED MEDIATION ARBITRATION **RESOLUTION?**\* AMOUNT OF AWARD OR SETTLEMENT JUDGMENT FOR DEFENDANT(S) JUDGMENT FOR PLAINTIFF(S) DESCRIPTION OF ALLEGATIONS\* (USE ALL FOUR LINES BELOW, IF NECESSARY) WERE YOU THE PRIMARY PRIMARY NUMBER OF OTHER CO-DEFENDANT DEFENDANT OR CO-DEFENDANT?\* CO-DEFENDANTS (IF ANY) YOUR INVOLVEMENT IN CASE\* (ATTENDING, CONSULTING, ETC) DESCRIPTION OF ALLEGED INJURY TO THE PATIENT (USE ALL FOUR LINES BELOW, IF NECESSARY) DID THE ALLEGED INJURY TO THE BEST OF YOUR KNOWLEDGE, IS THE CASE INCLUDED NO YES RESULT IN DEATH? IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)? 3110

### **Provider Type Codes**

Medical Doctor (MD)

002 Doctor of Dental Surgery (DDS)

003 Doctor of Dental Medicine (DMD)

004 Doctor of Podiatric Medicine (DPM)

Doctor of Chiropractic (DC) 005

007 Osteopathic Doctor (DO)

020 Acupuncturist Alcohol/Drug Counselor 021

Audiologist 022

023 Biofeedback Technician 024 Certified Registered Nurse

Anesthetist

025 Christian Science Practitioner

Clinical Nurse Specialist 026

027 Clinical Psychologist

028 Clinical Social Worker

Dietician 029

Licensed Practical Nurse 031 Marriage/Family Therapist

032 Massage Therapist 033 Naturopath

034 Neuropsychologist

Midwife 036 Nurse Midwife

Nurse Practitioner 037 038 Nutritionist

039 Occupational Therapist

Optician

041 Optometrist

042 Pharmacist

Physical Therapist 043 044

Physician Assistant 045 Professional Counselor

Registered Nurse

Registered Nurse First Assistant

Respiratory Therapist 048

049 Speech Pathologist

### **License Status Codes**

Pending 002 Canceled 009 Probation Provisional 003 Denied 010 004 Expired 011 Restricted 005 Inactive 012 Revoked Lapsed Suspended 007 Limited 014 Surrendered 015 Temporary Terminated 016

017 Time Limited 018 Unrestricted

Other

### **Country Codes**

004 Afghanistan 008 Albania 012 Algeria 016 American Samoa 020 Andorra 024 Angola 660 Anguilla 010 Antarctica 028 Antigua and Barbuda 032 Argentina Armenia Aruba Australia Austria

112 Belarus 056 Belgium 084 Belize 204 Benin 060 Bermuda 064 Bhutan 068 Bolivia

070 Bosnia and Herzegovina 072 Botswana 074 Bouvet Island 076 Brazil British Indian Ocean Territory 096 Brunei Darussalam Bulgaria 100 854 Burkina Faso 108 Burundi 116 Cambodia

120 Cameroon 124 Canada 132 Cape Verde Cayman Islands 136 140 Central African Republic 148 Chad 152 Chile 156 China

Christmas Island 162 166 Cocos (Keeling) Islands 170 Colombia

174 Comoros 178

Congo Congo, Democratic Republic of the

180 184 Cook Islands 188 Costa Rica 384 Cote d'Ivoire 191 Croatia 192 Cuba 196 Cyprus 203 Czech Republic

208 Denmark 262 Diibouti 212 Dominica 214 Dominican Republic 626 East Timor (provisional)

218 Ecuador 818 Eavpt 222 FI Salvador **Equatorial Guinea** 226

232 Eritrea 233 Estonia 231 Ethiopia 238 234

Falkland Islands (Malvinas) Faroe Islands 242 Fiji

Finland 246 250 France France, Metropolitan 249 254 French Guiana 258 French Polynesia

French Southern Territories

266 Gabon 270 Gambia 268 Georgia 276 Germany 288 Ghana 292 Gibraltar 300 Greece 304 Greenland

308 Grenada 312 Guadaloupe 316 Guam Guatemala 324 Guinea Guinea-Bissau 624 328 Guyana 332 Haiti

Heard Island and McDonald

Islands 340 Honduras 344 Hong Kong 348 Hungary 352 Iceland 356 India 360 Indonesia 364 Iran 368 Iraq 372 Ireland

376 Israel 380 Italy 388 Jamaica 392 Japan Jordan 400 398 Kazakhstan 404 Kenya 296 Kiribati 408 Korea, North

Korea, South

414 Kuwait 417 Kyrgyzstan 418 Laos 428 Latvia Lebanon 426 Lesotho 430 Liberia Libya 434

410

438 Liechtenstein Lithuania 442 Luxembourg 446 Macau 807 Macedonia 450 Madagascar 454 Malawi Malaysia 458 462 Maldives

466 Mali 470 Malta 584 Marshall Islands 474 Martinique Mauritania 480 Mauritius 175 Mavotte 484 Mexico 583 Micronesia

498 Moldova

492 Monaco 496 Mongolia 500 Montserrat Morocco 508 Mozambique 104 Mvanmar 516 Namibia 520 Nauru

524 Nepal Netherlands 528 Netherlands Antilles 530 New Caledonia 540 554 New Zealand 558 Nicaragua 562 Niger 566 Nigeria 570 Niue Norfolk Island 574

580 Northern Mariana Islands

578 Norway 512 Oman 586 Pakistan Palau 585 591 Panama

Papua New Guinea 600 Paraguay Peru 604 Philippines 608 Pitcairn 612 616 Poland 620 Portugal Puerto Rico 630 Qatar 634 638 Réunion 642 Romania Russian Federation 643 646 Rwanda

Saint Helena 654 659 Saint Kitts and Nevis 662 Saint Lucia

Saint Pierre and Miquelon Saint Vincent and the Grenadines

### **Country Codes (continued)**

Sandwich Islands 882 Samoa 772 Tokelau 548 Vanuatu 674 San Marino 724 Spain 776 Tonga 336 Vatican City State (Holy See) 678 São Tomé and Príncipe 144 Sri Lanka Trinidad and Tobago Venezuela 682 Saudi Arabia 736 Sudan 788 Viet Nam Tunisia 704 Scotland Suriname Turkey795 Virgin Islands, British 683 740 792 Turkmenistan 092 Svalbard and Jan Mayen Turks and Caicos Islands 686 Senegal 744 796 850 Virgin Islands, U.S. 690 Seychelles 748 Swaziland 798 Tuvalu 876 Wallis and Fortuna Islands 694 Sierra Leone 752 Sweden 800 Uganda Western Sahara (provisional) 702 Singapore 756 Switzerland 804 Ukraine 887 Yemen Yugoslavia Slovakia 760 Syria 784 United Arab Emirates 891 703 Zambia 158 Taiwan United Kingdom 894 705 Slovenia 826 090 Solomon Islands 762 Taiikistan 840 United States 716 Zimbabwe 706 Somalia 834 Tanzania 581 U.S. Minor Outlying Islands 710 South Africa 764 Thailand 858 Uruguay 239 South Georgia and the South Togo Uzbekistan 768 860

### Language Codes

059

060

Kashmiri

Kazakh

Abkhazian 061 Kinyarwanda 002 Afan (Oromo) 062 Kirghiz Kurundi 003 Afar 063 004 Afrikaans 064 Korean 005 Albanian 065 Kurdish 006 Amharic 066 Laothian 007 Arabic 067 Latin 068 008 Armenian Latvian:Lettish 009 Assamese 069 Lingala 010 Zerbaijani 070 Lithuanian 011 Bashkir 071 Macedonian 012 Basque Malagasy 013 Bengali;Bangla 073 Malay Malavalam 014 Bhutani 074 015 Bihari 075 Maltese 016 Bislama 076 Maori 017 **Breton** 077 Marathi 018 Bulgarian 078 Moldavian Mongolian 019 Burmese 079 020 Bvelorussian 080 Nauru 021 Cambodian 081 Nepali 022 Catalan 082 Norwegian 023 Chinese 083 Occitan 024 Corsican 084 Oriva 085 Pashto; Pushto 025 Croatian 026 Czech 086 Persian (Farsi) 027 Danish 087 Polish 088 028 Dutch Portuguese English 089 Punjabi 140 030 090 Quechua Esperonto Estonian 091 Rhaeto-Romance 031 032 Faroese 092 Romanian 033 Fiji 093 Russian 034 Finnish 094 Samoan 035 French 095 Sangho 036 Frisian 096 Sanskrit Galican 097 Scot Gaelic 037 038 Georgian 098 Serbian Serbo-Croatian 039 German 040 Greek 100 Sesotho Greenlandic Setswana 041 101 042 Guarani 102 Shona 043 Gujarati 103 Sindhi 044 Hausa Singhalese 104 045 Hebrew 105 Siswati 046 Hindi Slovak 106 047 Hungarian 107 Slovenian 048 Icelandic 108 Somali 049 Indonesian 109 Spanish Sundanese Interlingua 110 051 Interlingue 111 Swahili 052 Inuktitut 112 Swedish 053 Inupiak 113 Tagalog 054 Irish 114 Tajik 055 Italian 115 Tamil Japanese 116 Tatar 057 Javanese 117 Telugu 118 058 Kannada Thai

119

120

Tibetan

Tigrinya

121 Tonga 122 Tsonga Turkish 123 124 Turkmen 125 Twi 126 Uigur 127 Ukrainian 128 Urdu 129 Uzbek 130 Vietnamese 131 Volapuk 132 Welsh 133 Wolof 134 Xhosa 135 Yiddish 136 Yoruba 10 Zerbaijani 137 Zhuang 138 Zulu

### **U.S. / Canadian Professional School Codes**

### Alabama

300 University of Alabama School of Dentistry

001 University of Alabama School of Medicine

University of South Alabama College of Medicine

003 University of Arkansas College of Medicine

### Arizona

Arizona College of Osteopathic Medicine

004 University of Arizona College of Medicine

#### California

California College of Podiatric Medicine 801

Cleveland Chiropractic College of Los Angele 400

Keck School of Medicine

Life Chiropractic College West 401

Loma Linda University School of Dentistry 301

Loma Linda University School of Medicine 006

402 Los Angeles College of Chiropractic

403 Palmer College of Chiropractic West

Quantum University/SCCC

007 Stanford University School of Medicine

501 Touro University College of Osteopathic Medicine

008 UCLA School of Medicine

University of California 009

University of California, Irvine, College of Medicine

302 University of California, Los Angeles School of Dentistry

University of California, San Diego, School of Medicine 011

303 University of California, San Francisco, School of Dentistry

University of California, San Francisco, School of Medicine 012

University of Southern California School of Dentistry

University of the Pacific School of Dentistry 305

Western University of Health Sciences, College of Osteopathic Medicine 502 of the Pacific

### Colorado

306 University of Colorado School of Dentistry

013 University of Colorado School of Medicine

### Connecticut

405 University of Bridgeport College of Chiropractic

University of Connecticut School of Dental Medicine 307

University of Connecticut School of Medicine 014

015 Yale University School of Medicine

### **District of Columbia**

016 George Washington University

017 Georgetown University School of Medicine

Howard University College of Dentistry 308

018 Howard University College of Medicine

Barry University School of Graduate Medical Sciences

Nova Southeastern University College of Dentistry

Nova Southeastern University College of Osteopathic Medicine 503

University of Florida College of Dentistry 310

University of Florida College of Medicine

University of Miami School of Medicine

021 University of South Florida College of Medicine

### Georgia

022 Emory University School of Medicine

Life Chiropractic College

Medical College of Georgia School of Dentistry

Medical College of Georgia School of Medicine

024 Mercer University School of Medicine

025 Morehouse School of Medicine

### Hawaii

026 John A. Burns School of Medicine

### lowa

802 College of Podiatric Medicine and Surgery Des Moines University

Des Moines University, Osteopathic Medical Center, College of

Osteopathic Medicine and Surgery

Palmer College of Chiropractic

312 University of Iowa College of Dentistry

027 University of Iowa College of Medicine

#### Illinois

028 Chicago Medical School, Finch University of Health Sciences

029 Loyola University Chicago, Stritch School of Medicine

505 Midwestern University, Chicago College of Osteopathic Medicine

408 National College of Chiropractic

313 Northwestern University Dental School

030 Northwestern University Medical School

031 Rush Medical College of Rush University

804 Scholl College of Podiatric Medicine at Finch University

314 Southern Illinois University School of Dental Medicine

032 Southern Illinois University School of Medicine

033 University of Chicago, The Pritzker School of Medicine

315 University of Illinois at Chicago College of Dentistry

034 University of Illinois College of Medicine

316 Indiana University School of Dentistry

035 Indiana University School of Medicine

### Kansas

036 University of Kansas School of Medicine

### Kentucky

506 Pikeville College, School of Osteopathic Medicine

317 University of Kentucky College of Dentistry

037 University of Kentucky College of Medicine

318 University of Louisville School of Dentistry

038 University of Louisville School of Medicine

### Louisiana

319 Louisiana State University School of Dentistry

039 Louisiana State University School of Medicine in New Orleans

040 Louisiana State University School of Medicine in Shreveport

041 Tulane University School of Medicine

### Massachusetts

042 Boston University School of Medicine

320 Boston University, Goldman School of Dental Medicine

043 Harvard Medical School

321 Harvard School of Dental Medicine

322 Tufts University School of Dental Medicine

044 Tufts University School of Medicine 045 University of Massachusetts Medical School

Marvland

046 Johns Hopkins University School of Medicine

047 Uniformed Services University of the Health Sciences

048 University of Maryland School of Medicine

323 University of Maryland, Baltimore, College of Dental Surgery

### Maine

507 University of New England, College of Osteopathic Medicine

### Michigan

049 Michigan State University College of Human Medicine

508 Michigan State University, College of Osteopathic Medicine

324 University of Detroit Mercy School of Dentistry

050 University of Michigan Medical School 325 University of Michigan School of Dentistry

051 Wayne State University School of Medicine

### Minnesota

052 Mayo Medical School

409 Northwestern College of Chiropractic

053 University of Minnesota, Duluth School of Medicine

054 University of Minnesota Medical School, Twin Cities

326 University of Minnesota School of Dentistry

### Missouri

410 Cleveland Chiropractic College of Kansas City

509 Kirksville College of Osteopathic Medicine

411 Logan Chiropractic College

055 Saint Louis University School of Medicine

510 University of Health Sciences, College of Osteopathic Medicine

056 University of Missouri, Columbia School of Medicine

327 University of Missouri Kansas City School of Dentistry

057 University of Missouri Kansas City School of Medicine

058 Washington University in St. Louis School of Medicine

### U.S. / Canadian Professional School Codes (continued)

- 328 University of Mississippi School of Dentistry
- 059 University of Mississippi School of Medicine

#### North Carolina

- 060 Duke University School of Medicine
- The Brody School of Medicine at East Carolina University
- University of North Carolina at Chapel Hill School of Dentistry 329
- University of North Carolina at Chapel Hill School of Medicine 062
- 063 Wake Forest University School of Medicine

064 University of North Dakota School of Medicine and Health Sciences

#### Nebraska

- Creighton University School of Dentistry
- Creighton University School of Medicine
- University of Nebraska College of Medicine 066
- 331 University of Nebraska Medical Center, College of Dentistry

### **New Hampshire**

067 Dartmouth Medical School

### **New Jersey**

- 068 Robert Wood Johnson Medical School
- 069 University of Medicine and Dentistry of New Jersey (UMDNJ)
- 332 UMDNJ, New Jersey Dental School
- UMDNJ, School of Osteopathic Medicine

### **New Mexico**

070 University of New Mexico School of Medicine

071 University of Nevada School of Medicine

### New York

- 072 Albany Medical College
- Albert Einstein College of Medicine 073
- Columbia University College of Physicians and Surgeons
- Columbia University School of Dental and Oral Surgery
- 075 Joan & Sanford I. Weill Medical College of Cornell University
- 076 Mount Sinai School of Medicine of New York University
- 412 New York Chiropractic College
- 512 NY College of Osteopathic Medicine of the NY Institute of Technology
- New York Medical College
- 334 New York University Kriser Dental Center
- 078 New York University School of Medicine
- 335 State University of New York at Buffalo School of Dental Medicine
- 082 State University of New York at Buffalo School of Medicine
- State University of New York at Stony Brook School of Dental Medicine 336
- State University of New York at Stony Brook School of Medicine 081
- State University of New York College of Medicine 079
- 080 State University of New York Upstate Medical University
- 083 University of Rochester School of Medicine and Dentistry

### Ohio

- Case Western Reserve University School of Dentistry 337
- 084 Case Western Reserve University School of Medicine
- Medical College of Ohio 085
- 086 Northeastern Ohio Universities College of Medicine
- 803 Ohio College of Podiatric Medicine
- 338 Ohio State University College of Dentistry
- Ohio State University College of Medicine and Public Health 087
- 513 Ohio University College of Osteopathic Medicine
- 088 University of Cincinnati College of Medicine
- 089 Wright State University School of Medicine

### Oklahoma

- 514 Oklahoma State University, College of Osteopathic Medicine
- 339 University of Oklahoma College of Dentistry
- University of Oklahoma College of Medicine 090

### Oregon

- Oregon Health & Science University School of Medicine
- 340 Oregon Health Sciences University School of Dentistry
- 413 Western States Chiropractic College

### Pennsylvania

092 Jefferson Medical College of Thomas Jefferson University

- 515 Lake Erie College of Osteopathic Medicine
- 093 MCP Hahnemann University School of Medicine
- Pennsylvania State University College of Medicine
- 516 Philadelphia College of Osteopathic Medicine
- 341 Temple University School of Dentistry
- Temple University School of Medicine
- Temple University School of Podiatric Medicine
- University of Pennsylvania School of Dental Medicine 342
- University of Pennsylvania School of Medicine
- University of Pittsburgh School of Dental Medicine University of Pittsburgh School of Medicine 097

### Puerto Rico

343

- 098 Ponce School of Medicine
- 099 Universidad Central del Caribe School of Medicine
- 100 University of Puerto Rico School of Medicine
- 344 University of Puerto Rico School of Dentistry

### Rhode Island

101 Brown Medical School

### South Carolina

- 345 Medical University of South Carolina College of Dental Medicine
- 102 Medical University of South Carolina College of Medicine
- 414 Sherman College of Chiropractic
- 103 University of South Carolina School of Medicine

### South Dakota

104 University of South Dakota School of Medicine

### Tennessee

- 105 East Tennessee State University
- 346 Meharry Medical College School of Dentistry
- 106 Meharry Medical College School of Medicine
- University of Tennessee College of Dentistry 107 University of Tennessee College of Medicine
- 108 Vanderbilt University School of Medicine

### Texas

- 348 Baylor College of Dentistry
- 109 Baylor College of Medicine
- Parker College of Chiropractic 415
- Texas Chiropractic College 416
- Texas Tech University Health Sciences Center School of Medicine 110
- The Texas A & M University System College of Medicine
- UNT Health Sciences Center, Texas College of Osteopathic Medicine 517
- University of Texas Health Science Center at Houston Dental School 349
- 350 University of Texas Health Science Center at San Antonio Dental School 112
- University of Texas Medical Branch at Galveston University of Texas Medical School at Houston
- 114 University of Texas Medical School at San Antonio
- 115 UT Southwestern Medical Center at Dallas Southwestern Medical School

### Utah

116 University of Utah School of Medicine

### Virginia

- 117 Eastern VA Medical School of the Medical College of Hampton Roads
- 118 University of Virginia School of Medicine Health System
- 351 Virginia Commonwealth University School of Dentistry
- 119 Virginia Commonwealth University School of Medicine

### Vermont

120 University of Vermont College of Medicine

- 352 University of Washington School of Dentistry
- 121 University of Washington School of Medicine

### Wisconsin

- 353 Marquette University School of Dentistry
- 122 Medical College of Wisconsin
- 123 University of Wisconsin Medical School

### West Virginia

- 124 Joan C. Edwards School of Medicine at Marshall University
- 518 West Virginia School of Osteopathic Medicine
- 354 West Virginia University School of Dentistry
- 125 West Virginia University School of Medicine

### U.S. / Canadian Professional School Codes (continued)

- 355 Dalhousie University Faculty of Dentistry
- 126 Dalhousie University Faculty of Medicine
- Laval University Faculty of Dentistry 357
- 127 Laval University Faculty of Medicine
- McGill University Faculty of Dentistry 356
- McGill University Faculty of Medicine
- McMaster University School of Medicine 129
- Memorial University of Newfoundland Faculty of Medicine 130
- 131 Queen's University Faculty of Health Sciences
- 132 The University of Western Ontario Faculty of Medicine & Dentistry
- 133 Universite de Montreal Faculty of Medicine
- Universite de Sherbrooke Faculty of Medicine 134
- University of Alberta Faculty of Dentistry 358
- University of Alberta Faculty of Medicine 135
- 359
- University of British Columbia Faculty of Dentistry
- University of British Columbia Faculty of Medicine 136
- 137 University of Calgary Faculty of Medicine
- University of Manitoba Faculty of Dentistry 360
- 138 University of Manitoba Faculty of Medicine
- 361 University of Montreal Faculty of Dentistry
- 139 University of Ottawa Faculty of Medicine
- University of Saskatchewan College of Dentistry
- 140 University of Saskatchewan College of Medicine
- 363 University of Toronto Faculty of Dentistry 141 University of Toronto Faculty of Medicine
- University of Western Ontario Faculty of Dentistry

### Specialty Codes - MD / DO Only

### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

- 247 Alleray & Immunology
- 246 Allergy & Immunology, Allergy
- 291 Allergy & Immunology, Clinical & Laboratory Immunology
- 249 Anesthesiology
- 235
- Anesthesiology, Addiction Medicine
- Anesthesiology, Critical Care Medicine 258
- 126 Anesthesiology, Pain Medicine 363
- Clinical Pharmacology
- 367 Colon & Rectal Surgery
- 263 Dermatology
- Dermatology, Clinical & Laboratory 292 Dermatological Immunology
- 444 Dermatology, Dermatological Surgery
- Dermatology, Dermatopathology
- 264 Dermatology, MOHS-Micrographic Surgery
- Dermatology, Pediatric Dermatology 443
- **Emergency Medicine** 268
- Emergency Medicine, Emergency Medical 445
- Emergency Medicine, Medical Toxicology
- 348 Emergency Medicine, Pediatric Emergency Medicine
- 395 Emergency Medicine, Sports Medicine
- Emergency Medicine, Undersea and Hyperbaric 446
- 391 Facial Plastic Surgery
- Family Practice 272
- Family Practice, Addiction Medicine 447
- 237 Family Practice, Adolescent Medicine
- 448 Family Practice, Adult Medicine
- Family Practice, Geriatric Medicine 282
- 396 Family Practice, Sports Medicine
- General Practice 225
- 479 Hospitalist
- 301 Internal Medicine
- Internal Medicine, Addiction Medicine 449
- Internal Medicine, Adolescent Medicine
- Internal Medicine, Allergy & Immunology 248
- Internal Medicine, Cardiovascular Disease 255
- Internal Medicine, Clinical & Laboratory 294 Immunology
- Internal Medicine, Clinical Cardiac Electrophysiology
- Internal Medicine, Critical Care Medicine 257
- 267 Internal Medicine, Endocrinology, Diabetes & Metabolism
- Internal Medicine, Gastroenterology
- Internal Medicine, Geriatric Medicine

- 287 Internal Medicine, Hematology
- 288 Internal Medicine, Hematology & Oncology
- 450 Internal Medicine, Hepatology
- Internal Medicine, Infectious Disease 299
- 451 Internal Medicine, Interventional Cardiology
- Internal Medicine, Magnetic Resonance Imaging 453 (MRI)
- 325 Internal Medicine, Medical Oncology
- 309 Internal Medicine, Nephrology
- 378 Internal Medicine, Pulmonary Disease
- Internal Medicine, Rheumatology 390
- 397 Internal Medicine, Sports Medicine
- 433 Laboratories, Clinical Medical Laboratory
- 481 Legal Medicine
- Medical Genetics, Clinical Biochemical Genetics
- 261 Medical Genetics, Clinical Cytogenetic
- Medical Genetics, Clinical Genetics (M.D.) 277
- Medical Genetics, Clinical Molecular Genetics 280
- 455 Medical Genetics, Molecular Genetic Pathology
- 454 Medical Genetics, Ph.D. Medical Genetics
- Neonatal-Perinatal Medicine
- 308 Neopathology
- Neurological Surgery 409
- Neuromusculoskeletal Medicine & OMM 330
- 440 Neuromusculoskeletal Medicine, Sports Medicine
- 317 Nuclear Medicine
- 318 Nuclear Medicine, In Vivo & In Vitro Nuclear Medicine
- 315 Nuclear Medicine, Nuclear Cardiology
- 316 Nuclear Medicine, Nuclear Imaging & Therapy
- 321 Obstetrics & Gynecology
- Obstetrics & Gynecology, Critical Care Medicine Obstetrics & Gynecology, Gynecologic Oncology 326
- 286 Obstetrics & Gynecology, Gynecology
- 303 Obstetrics & Gynecology, Maternal & Fetal Medicine
- 320 Obstetrics & Gynecology, Obstetrics
- Obstetrics & Gynecology, Reproductive Endocrinology
- Ophthalmology 328
- 441 Oral & Maxillofacial Surgery
- 411 Orthopaedic Surgery
- Orthopaedic Surgery, Adult Reconstructive Orthopaedic Surgery
- Orthopaedic Surgery, Foot and Ankle 456 Orthopaedics
- 406 Orthopaedic Surgery, Hand Surgery
- Orthopaedic Surgery, Orthopaedic Surgery of the

- 416 Orthopaedic Surgery, Orthopaedic Trauma
- 457 Orthopaedic Surgery, Sports Medicine
- 119 Orthopedic
- 331 Otolaryngology
- 458 Otolaryngology, Otolaryngic Allergy
- Otolaryngology, Otolaryngology/ Facial Plastic 459 Surgery
- Otolaryngology, Otology & Neurotology 332
- 357 Otolaryngology, Pediatric Otolaryngology
- Otolaryngology, Plastic Surgery within the Head & Neck
- 480 Pain Medicine, Interventional Pain Medicine
- 337 Pain Medicine
- 338 Pathology, Anatomic Pathology
- Pathology, Anatomic Pathology & Clinical Pathology
- 250 Pathology, Blood Banking & Transfusion
- Medicine Pathology, Chemical Pathology 344
- 302 Pathology, Clinical
- Pathology/Laboratory Medicine
- 262 Pathology, Cytopathology
- Pathology, Dermatopathology 265
- 273 Pathology, Forensic Pathology
- 290 Pathology, Hematology
- 298 Pathology, Immunopathology
- 305 Pathology, Medical Microbiology
- 461 Pathology, Molecular Genetic Pathology
- 312 Pathology, Neuropathology
- 358 Pathology, Pediatric Pathology
- 244 Pediatrics
- 239 Pediatrics, Adolescent Medicine
- Pediatrics, Clinical & Laboratory Immunology
- Pediatrics, Developmental -462 Behavioral Pediatrics
- Pediatrics, Medical Toxicology
- Pediatrics, Neurodevelopmental Disabilities
- Pediatrics, Pediatric Allergy & Immunology
- Pediatrics, Pediatric Cardiology
- Pediatrics. Pediatric Critical Care 347 Medicine
- 463 Pediatrics, Pediatric Emergency Medicine Pediatrics, Pediatric Endocrinology

### Specialty Codes - MD/DO Only

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350	Pediatrics, Pediatric	471	Preventive Medicine, Sports		Neurology
	Gastroenterology		Medicine	366	Public Health & General Preventive
351	Pediatrics, Pediatric Hematology-	431	Preventive Medicine, Undersea		Medicine
	Oncology		and Hyperbaric Medicine	252	Radiology, Body Imaging
352	Pediatrics, Pediatric Infectious	114	Preventive Medicine/Occupational	173	Radiology, Diagnostic Radiology
	Diseases		Environmental Medicine	430	Radiology, Diagnostic Ultrasound
355	Pediatrics, Pediatric Nephrology	370	Psychiatry & Neurology, Addiction	314	Radiology, Neuroradiology
359	Pediatrics, Pediatric Pulmonology		Medicine	319	Radiology, Nuclear Radiology
361	Pediatrics, Pediatric Rheumatology	473	Psychiatry & Neurology, Addiction	360	Radiology, Pediatric Radiology
398	Pediatrics, Sports Medicine		Psychiatry	380	Radiology, Radiation Oncology
365	Physical Medicine & Rehabilitation	371	Psychiatry & Neurology, Child &	477	Radiology, Radiological Physics
468	Physical Medicine & Rehabilitation,		Adolescent Psychiatry	381	Radiology, Therapeutic Radiology
	Pain Medicine	313	Psychiatry & Neurology, Clinical	384	Radiology, Vascular &
389	Physical Medicine & Rehabilitation,		Neurophysiology		Interventional Radiology
	Pediatric Rehabilitation Medicine	274	3,7	434	Supplier
466	Physical Medicine & Rehabilitation,		Psychiatry	399	Surgery
	Spinal Cord Injury Medicine	373	Psychiatry & Neurology, Geriatric	418	Surgery, Pediatric Surgery
469	Physical Medicine & Rehabilitation,		Psychiatry	420	Surgery, Plastic and Reconstructive
	Sports Medicine	472	3,7		Surgery
419	Plastic Surgery		Neurodevelopmental Disabilities	405	Surgery, Surgery of the Hand
470	Plastic Surgery, Plastic Surgery	100	Psychiatry & Neurology, Neurology	425	Surgery, Surgical Critical Care
	Within the Head and Neck	311	Psychiatry & Neurology, Neurology	413	Surgery, Surgical Oncology
407	Plastic Surgery, Surgery of the		with Special Qualifications in Child	423	Surgery, Trauma Surgery
	Hand		Neurology	400	Surgery, Vascular Surgery
242	Preventive Medicine, Aerospace	474	.,,	421	Thoracic Surgery (Cardiothoracic
	Medicine		Medicine		Vascular Surgery)
429	Preventive Medicine, Medical	368	Psychiatry & Neurology, Psychiatry	442	Transplant Surgery
	Toxicology	475	Psychiatry & Neurology, Sports	424	Urology
112	Preventive Medicine, Occupational		Medicine		
	Madiaina	470	Develore Q Neverlore Vesseller		

476 Psychiatry & Neurology, Vascular

### Specialty Codes - DDS / DMD / DPM / DC

Medicine

### NOTE: THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE LIST, PUBLISHED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUCC).

DDS	S / DMD	DPM		DC	
2	Dentist	3	Podiatrist	1	Chiropractor
13	Dentist, Dental Public Health	231	Podiatrist, Foot & Ankle Surgery	5	Chiropractor, Internist
14	Dentist, Endodontics	230	Podiatrist, Foot Surgery	6	Chiropractor, Neurology
438	Dentist, General Practice	225	Podiatrist, General Practice	7	Chiropractor, Nutrition
16	Dentist, Oral and Maxillofacial Pathology	227	Podiatrist, Primary Podiatric Medicine	8	Chiropractor, Occupational Medicine
439	Dentist, Oral and Maxillofacial Radiology	226	Podiatrist, Public Medicine	9	Chiropractor, Orthopedic
20	Dentist, Oral and Maxillofacial Surgery	228	Podiatrist, Radiology	10	Chiropractor, Radiology
15	Dentist, Orthodontics and Dentofacial Orthopedics	229	Podiatrist, Sports Medicine	11	Chiropractor, Sports Physician
17	Dentist, Pediatric Dentistry			12	Chiropractor, Thermography
18	Dentist, Periodontics				

### Specialty Codes - Allied Providers

Dentist, Prosthodontics

### CC).

Spe	cialty Codes - Ailled Providers		
NOTE	THIS LIST IS FROM THE NATIONAL HEALTH CARE PROVIDER TAXONOMY CODE	LIST, PUBLISH	IED IN COOPERATION WITH THE NATIONAL UNIFORM CLAIM COMMITTEE (NUC
501	Acupuncturist	753	Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family
503	Audiologist	754	Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically III
504	Audiologist, Assistive Technology Practitioner	755	Clinical Nurse Specialist, Psychiatric/Mental Health, Community
505	Audiologist, Assistive Technology Supplier	756	Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric
531	Christian Science Practitioner	757	Clinical Nurse Specialist, Rehabilitation
727	Clinical Nurse Specialist	759	Clinical Nurse Specialist, School
728	Clinical Nurse Specialist, Acute Care	758	Clinical Nurse Specialist, Transplantation
729	Clinical Nurse Specialist, Adult Health	760	Clinical Nurse Specialist, Women's Health
730	Clinical Nurse Specialist, Chronic Care	513	Counselor
731	Clinical Nurse Specialist, Community Health/Public Health	514	Counselor, Addiction (Substance Use Disorder)
732	Clinical Nurse Specialist, Critical Care Medicine	515	Counselor, Mental Health
733	Clinical Nurse Specialist, Emergency	516	Counselor, Professional
734	Clinical Nurse Specialist, Ethics	533	Dietitian, Registered
735	Clinical Nurse Specialist, Family Health	536	Dietitian, Registered, Nutrition, Metabolic
736	Clinical Nurse Specialist, Gerontology	534	Dietitian, Registered, Nutrition, Pediatric
737	Clinical Nurse Specialist, Holistic	535	Dietitian, Registered, Nutrition, Renal
738	Clinical Nurse Specialist, Home Health	651	Licensed Practical Nurse
739	Clinical Nurse Specialist, Informatics	517	Marriage & Family Therapist
740	Clinical Nurse Specialist, Long-Term Care	547	Massage Therapist
741	Clinical Nurse Specialist, Medical-Surgical	549	Midwife, Certified
742	Clinical Nurse Specialist, Neonatal	652	Midwife, Certified Nurse
743	Clinical Nurse Specialist, Neuroscience	551	Naturopath
744	Clinical Nurse Specialist, Occupational Health	553	Neuropsychologist
745	Clinical Nurse Specialist, Oncology	653	Nurse Anesthetist, Certified Registered
746	Clinical Nurse Specialist, Oncology, Pediatrics	654	Nurse Practitioner
747	Clinical Nurse Specialist, Pediatrics	655	Nurse Practitioner, Acute Care
748	Clinical Nurse Specialist, Perinatal	656	Nurse Practitioner, Adult Health
749	Clinical Nurse Specialist, Perioperative	658	Nurse Practitioner, Community Health
750	Clinical Nurse Specialist, Psychiatric/Mental Health	657	Nurse Practitioner, Critical Care Medicine
751	Clinical Nurse Specialist, Psychiatric/Mental Health, Adult	659	Nurse Practitioner, Family
752	Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent		

Spe	ecialty Codes - Allied Providers (continued)		
660	Nurse Practitioner, Gerontology	675	Registered Nurse, Critical Care Medicine
	Nurse Practitioner, Neonatal		Registered Nurse, Diabetes Educator
	Nurse Practitioner, Neonatal, Critical Care	683	
	Nurse Practitioner, Obstetrics & Gynecology	684	, , ,
	Nurse Practitioner, Occupational Health Nurse Practitioner, Pediatrics	685 686	Registered Nurse, Enterostomal Therapy Registered Nurse, Flight
	Nurse Practitioner, Pediatrics, Critical Care	688	Registered Nurse, Gastroenterology
666	Nurse Practitioner, Perinatal	687	Registered Nurse, General Practice
	Nurse Practitioner, Primary Care	689	· • • • • • • • • • • • • • • • • • • •
	Nurse Practitioner, Psych/Mental Health Nurse Practitioner, School	691 690	Registered Nurse, Hemodialysis Registered Nurse, Home Health
	Nurse Practitioner, Women's Health		Registered Nurse, Hospice
	Nutritionist		Registered Nurse, Infection Control
	Nutritionist, Nutrition, Education	693	, , , , , , , , , , , , , , , , , , , ,
	Occupational Therapist Occupational Therapist, Ergonomics		Registered Nurse, Lactation Consultant Registered Nurse, Maternal Newborn
	Occupational Therapist, Engolomics Occupational Therapist, Hand	697	
	Occupational Therapist, Human Factors	699	· ·
	Occupational Therapist, Neurorehabilitation	700	• , ,
	Occupational Therapist, Pediatrics	701	0 , 1 0,
	Occupational Therapist, Rehabilitation, Driver Optician		Registered Nurse, Neuroscience Registered Nurse, Nurse Massage Therapist (NMT)
	Optometrist		Registered Nurse, Nutrition Support
566	Optometrist, Corneal and Contact Management	719	
	Optometrist, Low Vision Rehabilitation		Registered Nurse, Obstetric, Inpatient
	Optometrist, Occupational Vision Optometrist, Pediatrics	721 722	Registered Nurse, Occupational Health Registered Nurse, Oncology
	Optometrist, Sports Vision		Registered Nurse, Ohtology
	Optometrist, Vision Therapy		Registered Nurse, Orthopedic
	Pharmacist		Registered Nurse, Ostomy Care
	Pharmacist, General Practice	723	0 , , , , , , , , , , , , , , , , , , ,
	Pharmacist, Nuclear Pharmacy Pharmacist, Nutrition Support		Registered Nurse, Pain Management Registered Nurse, Pediatric Oncology
	Pharmacist, Pharmacotherapy	705	= = = = = = = = = = = = = = = = = = =
	Pharmacist, Psychopharmacy		Registered Nurse, Perinatal
	Physical Therapist	714	0 ,
	Physical Therapist, Cardiopulmonary Physical Therapist, Electrophysiology, Clinical	708 709	•
	Physical Therapist, Ergonomics		Registered Nurse, Psych/Mental Health, Child & Adolescent
	Physical Therapist, Geriatrics		Registered Nurse, Rehabilitation
585	Physical Therapist, Hand	713	Registered Nurse, Reproductive Endocrinology/Infertility
	Physical Therapist, Human Factors		Registered Nurse, School
	Physical Therapist, Neurology Physical Therapist, Orthopedic	718	Registered Nurse, Urology Registered Nurse, Women's Health Care, Ambulatory
	Physical Therapist, Orthopedic  Physical Therapist, Pediatrics		Registered Nurse, Wound Care
589	Physical Therapist, Sports		Respiratory Therapist, Certified
	Physician Assistant		Respiratory Therapist, Certified, Critical Care
	Physician Assistant, Medical Physician Assistant, Surgical		Respiratory Therapist, Certified, Educational Respiratory Therapist, Certified, Emergency Care
	Psychologist		Respiratory Therapist, Certified, General Care
	Psychologist, Addiction (Substance Use Disorder)		Respiratory Therapist, Certified, Geriatric Care
	Psychologist, Adult Development & Aging		Respiratory Therapist, Certified, Home Health
	Psychologist, Behavioral Psychologist, Child, Youth & Family		Respiratory Therapist, Certified, Neonatal/Pediatrics Respiratory Therapist, Certified, Palliative/Hospice
	Psychologist, Clinical		Respiratory Therapist, Certified, Patient Transport
	Psychologist, Counseling		Respiratory Therapist, Certified, Pulmonary Diagnostics
	Psychologist, Educational		Respiratory Therapist, Certified, Pulmonary Function Technologist
	Psychologist, Exercise & Sports	625	Respiratory Therapist, Certified, Pulmonary Rehabilitation Respiratory Therapist, Certified, SNF/Subacute Care
	Psychologist, Family Psychologist, Forensic		
	Psychologist, Health		Respiratory Therapist, Registered, Critical Care
608	Psychologist, Men & Masculinity		Respiratory Therapist, Registered, Educational
	Psychologist, Mental Retardation & Developmental Disabilities		Respiratory Therapist, Registered, Emergency Care
	Psychologist, Psychoanalysis Psychologist, Psychotherapy		Respiratory Therapist, Registered, General Care Respiratory Therapist, Registered, Geriatric Care
	Psychologist, Psychotherapy, Group		Respiratory Therapist, Registered, Home Health
	Psychologist, Rehabilitation		Respiratory Therapist, Registered, Neonatal/Pediatrics
	Psychologist, School		Respiratory Therapist, Registered, Palliative/Hospice
	Psychologist, Women		Respiratory Therapist, Registered, Patient Transport
	Registered Nurse Registered Nurse, Addiction (Substance Use Disorder)		Respiratory Therapist, Registered, Pulmonary Diagnostics Respiratory Therapist, Registered, Pulmonary Function Technologist
	Registered Nurse, Administrator		Respiratory Therapist, Registered, Pulmonary Rehabilitation
	Registered Nurse, Ambulatory Care	644	
	Registered Nurse, Cardiac Rehabilitation		Social Worker, Clinical
	Registered Nurse, Callege Health		Specialist/Technologist, Other, Biomedical Engineering Speech-Language Pathologist
	Registered Nurse, College Health Registered Nurse, Community Health		Technician, Other, Biomedical Engineering
	Registered Nurse, Continence Care		Other, Not Listed
679	Registered Nurse, Continuing Education/Staff Development		

### **Specialty Boards - Allied Providers**

940 Academy of Certified Social Workers

1150 ACNM Certification Council

360 American Academy of Ambulatory Care Nursing

1550 American Academy of Anesthesiologist Assistants

230 American Academy of Audiology

370 American Academy of Experts in Traumatic Stress

270 American Academy of Health Providers in the Addictive Disorders

200 American Academy of Medical Acupuncture

405 American Academy of Nurse Practitioners

380 American Academy of Nursing

1330 American Academy of Optometry

1480 American Academy of Physician Assistants

1110 American Association for Marriage and Family Therapy

390 American Association of Critical Care Nurses

1590 American Association of Nurse Anesthetists

330 American Association of Pastoral Counselors

1010 American Association of Sex Educators, Counselors and Therapists

710 American Board Medical Psychotherapists

280 American Board of Addiction Medicine

950 American Board of Examiners in Clinical Social Work

720 American Board of Medical Psyhotherapists & Psychodiagnosticians

400 American Board of Nursing Specialties

1240 American Board of Nutrition

1300 American Board of Occupational Medicine

1360 American Board of Ophthalmology

1510 American Board of Physical Therapy Specialties

700 American Board of Professional Psychology

1130 American Naturopath Certification Board

350 American Nurses Credentialing Center

740 American Psychological Association

750 American Psychological Society

760 American Psychotherapy Association

290 American Society of Addiction Medicine

1650 American Speech-Language-Hearing Association

250 Biofeedback Certification Institute of America

1430 Board of Pharmaceutical Specialties

1250 Commission on Dietetic Registration

960 Employee Assistance Professionals Association

780 National Association for the Advancement of Psychoanalysis

1450 National Association of Boards of Pharmacy

1600 National Association of Nurse Anesthetists 770 National Association of School Psychologists

980 National Association of Social Workers

1310 National Board for Certification in Occupational Therapy

1490 National Board for Certification of Orthopaedic Physician Assistants

790 National Board for Certified Clinical Hypnotherapists

310 National Board for Certified Counselors

1630 National Board for Respiratory Care

300 National Board of Addiction Examiners

800 National Board of Cognitive Behavioral Therapists

1350 National Board of Examiners in Optometry

1090 National Certification Board for Therapeutic Massage and Bodywork

210 National Certification Commission for Acupuncture and Oriental Medicine

1440 National Institute for Standards in Pharmacist Credentialing

220 Other - Not Listed

### Specialty Boards - MD / DDS / DMD / DO / DPM

### MD Boards

044 American Board of Allergy & Immunology

045 American Board of Anesthesiology

046 American Board of Colon & Rectal Surgery

047 American Board of Dermatology

048 American Board of Emergency Medicine

049 American Board of Family Medicine

050 American Board of Internal Medicine

051 American Board of Medical Genetics

052 American Board of Neurological Surgery 053 American Board of Nuclear Medicine

054 American Board of Obstetrics & Gynecology

055 American Board of Ophthalmology

109 American Board of Oral & Maxillofacial Surgeons

056 American Board of Orthopedic Surgery

057 American Board of Otolaryngology

058 American Board of Pathology

059 American Board of Pediatrics 060 American Board of Physical Medicine & Rehabilitation

American Board of Plastic Surgery 061

062 American Board of Preventive Medicine

063 American Board of Psychiatry & Neurology

064 American Board of Radiology

065 American Board of Surgery

066 American Board of Thoracic Surgery

American Board of Urology 067

142 Boards other than ABMS/AOA

### **Dental Boards**

113 American Board of Endodontics

114 American Board of Oral & Maxillofacial Pathology

American Board of Oral & Maxillofacial Radiology 109 American Board of Oral & Maxillofacial Surgeons

108 American Board of Orthodontics

112 American Board of Pediatric Dentistry

American Board of Periodontology

115 American Board of Prosthodontics

American Board of Public Health Dentistry 106

120 Boards other than ABMS/AOA

### DO Boards

118 American Osteopathic Board of Anesthesiology

119 American Osteopathic Board of Dermatology

American Osteopathic Board of Emergency Medicine

American Osteopathic Board of Family Practice

American Osteopathic Board of Internal Medicine

American Osteopathic Board of Neurology and Psychiatry 124

125 American Osteopathic Board of Neuromuskuloskeletal Medicine

American Osteopathic Board of Nuclear Medicine

American Osteopathic Board of Obstetrics and Gynecology

American Osteopathic Board of Ophthalmology and Otolaryngology

American Osteopathic Board of Orthopedic Surgery 129

American Osteopathic Board of Pathology 130

American Osteopathic Board of Pediatrics American Osteopathic Board of Preventive Medicine

American Osteopathic Board of Proctology

American Osteopathic Board of Radiology 134

American Osteopathic Board of Rehabilitation Medicine 135

136 American Osteopathic Board of Surgery

140 American Board of Medical Specialists in Podiatry

137 American Board of Podiatric Orthopedics and Primary Podiatric Medicine

138 American Board of Podiatric Surgery

American Council of Certified Podiatric Surgeons and Physicians