Additional Specialty Supplemental Form

Section 3	Profe	ssio	nal	/ Me	dica	al Sp	ecia	lty	Info	rma	tior	۱													
dditional pecialty	SPECIALTY CODE					CE	I RTIFIC	NITIAI ATION DATI	I M	Μ	D	D	Y	Y	Υ	Y	BE I THE	YOU WI LISTED DIREC DER THI	IN TORY		HMO		YES		NO
Code lists are found on bages 36-43. Enter the associated 3-digit code n the space provided.	BOARD CERTIFIED?	Y	ΈS	NO	J			DAT	E M	Μ	D	D	Y	Υ	Y	Y		CIALTY			PPO		YES		NC
	CERTIFYING BOARD CODE									Μ	D	D	Y	Y	Y	Y					POS		YES		NC
	IF NOT BOARD CERTIFIED		I INTEND TO SIT FOR AN EXAM ON									I DO NOT INTEND TO TAKE A CERTIFYING BOARD EXAM													
	(SELECT ONE)				0005				Μ	Μ	D	D	Y	Y	Y	Y									
	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.																								
dditional	SPECIALTY CODE					CE	I RTIFIC		I M	M	D	D	Y	Y	Y	Y	 BE I	YOU WI LISTED	IN		НМО		YES		NO
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ges 36-43. Enter the sociated 3-digit code the space provided.	CERTIFYING					EXPIF	APPLIC RATION APPLIC	DATE		М	D	Ь			Y						POS		YES		NC
If you need to report additional Specialties, ohotocopy this page as needed and submit as nstructed.	CODE		I HAVE TAKEN					ADLE	,	I INTEND TO SIT FOR AN															
	BOARD CERTIFIED (SELECT ONE)	E)	EXAM, RESULTS PENDING FOR																	O TO TA OARD					
		CERTIF	IFYING 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.												 												
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