Provider Application

CORRECT NUMBERS AND LETTERS	ВС	1 2 3	CORRECT MARK	X INCORREMARKS	CT 🗲	/	CO	MMON ABB	REVIATIONS, A	AND ZIP CODE	ASE FORMATTING MATCHING. PLEA HE HELP DESK.			
Instructions Read all instructions carefully prior to submitting your application.	1. Comp 2. Use a 3. Print l 4. Do no 5. Comp 6. Some	blue or blace egibly and in the enter more elete all section fields use "o	ng delays is application an ick ink ball-point neside the boxes is than 1 charact ons that are ap codes" to help y sterisks (*) indic	pen only. Do provided base er per box. I plicable to yo you easily rep	not use sed upor f necess u. ort infor	e a pen n the e sary, w mation	cil or a xample rite outs (e.g., s	felt-tip per is given ab side the pr schools, la	n. pove. ovided spa nguages). (ces. Code lists a	re found on pa	_		•
SECTION 1	Persona	al Informa	tion and Pr	ofessiona	I IDs									
Provider Type		а	Code list is found or essociated 3-digit co provided.*			YES	NO	(E.G. PATI	HOLOGISTS, A	NESTHESIOL	THIN THE INPATIE OGISTS, ER PHYS SICIAN ASSISTAN	ICIANS,	, NURS	E
Name														
Do not use nicknames or initials, unless they	LAST NAME*											SUFFIX	(JR III)	_
are part of your legal	EAGT NAME											OUTTE	(011, 111)	
name.														
	FIRST NAME*	VED HOED AND	THE NAMES					MIDDLE NA						
	HAVE YOU E	VER USED AND	THER NAME?"	YES	NO	IF	YES, PLE	ASE LIST AL	L OTHER NAI	MES USED AN	D THEIR DATES (F USE I	BELOW	٠.
	OTHER LAST	NAME										SUFFIX	(JR, III)	
	OTHER FIRST	NAME						OTHER MID	DLE NAME					_
	ММ	DDY	/ Y Y Y	M	МГ		Y	y y y	/					
	DATE STARTE	ED USING OTHER	R NAME	DATE	STOPPED	USING O	THER NA	ME .						
General														
Information	OFNIDED:		FEMALE		DATE	OF BIR	ти* М	МБ		VV	/			
Only enter a Foreign	GENDER*	MALE	FEMALE		DATE	OF BIK	IN IVI	IMI D		Y				
National Identification Number if you do not have a SSN. Do not														
enter National Provider Identification (NPI) Number here.	CITY OF BIRT	н								STATE OF BIRTH	COUNTRY BIRTH	OF		
Code lists are found on pages 36-43. Enter the associated 3-digit code	SSN*				FOR	REIGN NA	TIONAL II	DENTIFICATIO	N NUMBER (FN	IIN)	FNIN COL	NTRY O	F ISSUE	E
in the space provided.	ENTER ALL NO LANGUAGES		LANGUAG	E CODE LA	NGUAGE (CODE	LANGI	JAGE CODE	LANGUA	GE CODE	LANGUAGE CODE			
Home Address														_
Home Address	NUMBER		STREET								APT NUMBI	R		_
	CITY									STATE	ZIP CODE			
	TELEPHONE													
NOTE: CAQH will this method for	E-MAIL													1
application follow	FAX						PREFE	RRED METHO	OD OF CONTA	CT* E-	MAIL F	ΑX		
1	_				3	076	5							İ

	* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.
Section 1	Personal Information and Professional IDs (Continued)
Professional IDS Include all state licenses, DEA Registration and State Controlled Dangerous	FEDERAL DEA NUMBER DEA ISSUE DATE M M D D Y Y Y Y DEA STATE OF REGISTRATION DEA EXPIRATION DATE
Substance (CDS) certification numbers. Provide all current and previous licenses/ certifications.	CDS CERTIFICATE NUMBER CDS ISSUE DATE M M D D Y Y Y Y CDS STATE OF REGISTRATION CDS EXPIRATION DATE
Non-licensed professionals should enter certification/ egistration number in the space provided for idense number. If you have additional Professional IDs to eport, use the Professional IDs Supplemental Form on page 19.	STATE LICENSE NUMBER IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE? YES NO LICENSE ISSUING STATE LICENSE ISSUE DATE M M D D Y Y Y Y Y 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 LICENSE ISSUING STATE LICENSE ISSUING STATE LICENSE ISSUE DATE M M D D Y Y Y Y Y LICENSE ISSUE DATE A digit code list is found on page 36; use provided.
	STATE LICENSE NUMBER LICENSE ISSUING STATE LICENSE ISSUE DATE IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE? YES NO LICENSE ISSUING STATE LICENSE ISSUE DATE M M D D Y Y Y Y Y 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
Numbers f you have additional Professional IDs to report, use the Professional IDs Supplemental Form on page 19.	ARE YOU A PART- ICIPATING MEDICARE PROVIDER?* MEDICARE NUMBER UPIN ARE YOU A PART- ICIPATING MEDICAID PROVIDER?* MEDICAID NUMBER MEDICAID NUMBER WORKERS COMPENSATION NUMBER WORKERS COMPENSATION NUMBER
	ECFMG NUMBER (NON-U.S./CANADIAN GRADUATE ONLY) ECFMG CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)

Section 2	Education and Training														
Indergraduate	UNDERGRADUATE SCHOOL														
School(s)															
Provide the appropriate information for the	OFFICIAL NAME OF UNDERGRADUATE SCHOOL														
chool that issued your ndergraduate degree															
nd all schools ittended.	ADDRESS														
tiended.															
Professional	CITY STATE ZIP/POSTAL CODE														
School(s)															
Provide the appropriate	COUNTRY CODE TELEPHONE FAX														
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.	DID YOU COMPLETE YOUR UNDERGRADUATE EDUCATION AT THIS SCHOOL? YES NO														
chool that issued your ertificate, the Non-U.S. school where you ttended, and the Fifth	GRADUATE TYPE*:														
Pathway institution Phere 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														
code 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:														
the space provided. you have additional	M M Y Y Y Y START DATE* END DATE (GRADIIATION DATE)* DEGREE AWARDED														
Indergraduate or Professional Schools to eport, use the Education Supplemental	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL? NO														
form on page 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														

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 2 **Education and Training (Continued) Training** List all training SCHOOL CODE (E.G., programs you AFFILIATED MEDICAL SCHOOL) attended. Use one section per institution. INSTITUTION/HOSPITAL NAME (USE BOTH LINES IF REQUIRED) If you have additional post-graduate training NUMBER SUITE/BUILDING programs, use the STREET Supplemental Training Form on page 21. CITY STATE ZIP/POSTAL CODE Please explain on the Supplemental Professional / Work History Gap Form on page 33 any training TELEPHONE COUNTRY CODE gap(s) of three (3) months or greater, or DID YOU COMPLETE THIS TRAINING PROGRAM AT THIS YES NO any gap(s) of a shorter duration if required by (IF NOT, PLEASE USE THE SPACE BELOW TO EXPLAIN.) the organization for which you are being credentialed. Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided. INTERNSHIP/ List each **FELLOWSHIP** OTHER RESIDENCY department separately, if START DATE FND DATE applicable. List DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE) Internship/ Residency, Fellowship and Other NAME OF DIRECTOR programs separately. INTERNSHIP/ **FELLOWSHIP** OTHER RESIDENCY START DATE FND DATE DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE) NAME OF DIRECTOR INTERNSHIP/ **FELLOWSHIP** OTHER RESIDENCY END DATE START DATE DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE) NAME OF DIRECTOR

Primary		iona	I / M	edic	al S	Specia	lty	Info	rma	atior)															
Specialty	SPECIALTY CODE					CERT	INIT IFICAT D		Л	M	1 C)	/	/	Y \	<u> </u>	B T	E LIS	J WISH TED IN RECTO		H	НМО		YES		NO
Code lists are found on pages 36-43. Enter the	BOARD CERTIFIED?	YE	is	NO		RECERT	D.	ATE	И	M] [C)	<u> </u>	/ \\	Y	′			ALTY?		F	PPO		YES		NO
associated 3-digit code in the space provided.	CERTIFYING BOARD CODE					EXPIRAT (IF APF	ION DA	ATE LE)	И	М] C)	Y Y	Υ	Y Y	Y					P	os		YES		NO
	IF NOT BOARD CERTIFIED (SELECT	EX	IAVE TA (AM, RES	SULTS						INTENI EXAM C		IT FOI	R AN									TO TAI				
	ONE)								М	М			Y	Y	Υ	Y										
		ERTIFY	ING BO	ARD CO	DDE																					
	IF YOU INDIC										RD EXA	M, PL	EASE	USE T	HE											
			_	Ш			Ļ			<u> </u>		L			L	Щ					L	Ш				
		4	Ļ	Ш			<u>_</u>			Ļ						Щ						Ш			4	
			<u></u>																							
Secondary Specialty	SPECIALTY CODE						RTIFIC	NITIAL ATION DATE	М	М	D	D	Υ	Υ	Υ	Υ		BE L THE UND	OU W ISTED DIREC ER TH	IN CTOR IS		НМС)	YE	S	N
Code lists are found on pages 36-43. Enter the	BOARD CERTIFIED		YES	NO)			ATION DATE (ABLE)	M	М	D	D	Υ	Υ	Υ	Υ		SPE	CIALT	Y?		PPO		YE	S	N
associated 3-digit code in the space provided.	CERTIFYING BOARD CODE						ATION PPLIC	DATE ABLE)	M	M	D	D	Υ	Υ	Υ	Υ						POS		YE	s	١
If you have additional Professional / Medical Specialties to report,	IF NOT BOARD CERTIFIED		I HAVE 1 EXAM, F PENDIN	RESULT	s					I INTE	ND TO	SIT F	OR AN	ı								ND TO		И.		
use the Additional Specialties Supplemental Form on	(SELECT ONE)								M	М	D	D	Υ	Υ	Υ	Υ										
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.																									

Section 3	Professi	onal / I	Medic	cal S	Spe	cial	ty I	nfor	ma	tion	(Co	ntinue	ed)											
Certifications	Do you hold t	he followin	ng certif	icatio	ns? If	yes,	provi	ide ex	pirati	on da	tes.													
				EXPI	RATION	DATE						ADV					EXP	IRATIO	N DAT	E				
	BASIC LIFE SUPPORT?*	YES	NO	M	M	D	D	Υ	Υ	Υ	Υ	ADV SUPP OB?*	ORT IN		YES	NO	M	M	D	D	Υ	Υ	Υ	Υ
	CPR?*	YES	NO	M	М	D	D	Υ	Υ	Υ	Υ	LIFE	TRAUMA		YES	NO	M	M	D	D	Υ	Υ	Υ	Υ
	ADV CARDIAC LIFE SPT?*	YES	NO	M	M	D	D	Υ	Υ	Υ	Υ	ADVA	ATRIC INCED		YES	NO	М	M	D	D	Υ	Υ	Υ	Υ
	NEONATAL ADVANCED LIFE SPT?*	YES	NO	M	М	D	D	Υ	Υ	Υ	Υ	LIFE	SF1 ?"											
Practice																								
Interests Provide additional																								
reas of professional ractice interest, ctivities, procedures, iagnoses or																								
diagnoses or populations.																								
																								_
																								_
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Primary Credentialing																								
Contact	LAST NAME																							
CHECK HERE TO USE THE OFFICE MANAGER AND	FIRST NAME																							M.I.
ADDRESS OF THE PRIMARY PRACTICE OCATION AS THE	NUMBER			OTDE																OUITE				
CREDENTIALING NFORMATION.	NUMBER			STRE	=1															SUITE	/BUILI	JING		
	CITY																STA	TE		ZIP C	ODE			
NOTE:		-									_		_											
Even if you checked the boxes above, please provide the	TELEPHONE								FAX															_
e-mail address, if available.	E-MAIL ADDRES	SS												_										

Section 4	* REQUIRED RESPONS				OCESSIN	G DELA	YS ANI	O REQU	JIRE FO	DLLOW-I	JP.								 -
Primary	Practice Loca				SIVELY WI	THIN TI	HE INP	ATIENT	SETTII	NG ON I	PAGE 1.	YOU AR	RE ONLY	/ REQI	JIRED T	о сом	PLETE T	HE	_
Practice	CREDENTIALING CON																		
Location	CURRENTLY PRACTICING AT THIS ADDRESS?*	YES	Ю	PREVIOUS OR FUTUR START DA	E	M M	D	D	Υ	Y	Υ								
If you have additional practice locations, use the Supplemental Persident Location Information Form on pages 25-29.	PHYSICIAN GROUP / PR	RACTICE NAME TO	D APPEA	R IN DIREC	TORY (DO	NOT AB	BREVIA	ATE)*											
	GROUP / CORPORATE	NAME AS IT APPE	ARS ON	W-9, IF DIF	FERENT F	ROM AB	OVE (D	O NOT A	ABBRE	/IATE)									
NOTE: "General Correspondence" refers	NUMBER*	етр	EET*													:UITE/BU	III DING		
to any correspondence that might be sent to the provider that does not	NOWBER	JIN	EE1													OTTE/BO	ILDING		
solely relate to creden- tialing or billing	CITY*												STAT	E*	Z	IP CODE	*		
information.	SEND GENERAL CORRESPON- DENCE HERE?*	YES	10										-]-[
IP Your Individual Tax D is assumed to be our Primary Tax ID nless you specify therwise to the right.	OFFICE E-MAIL ADDRE	98		ELEPHONE							FA								
	INDIVIDUAL TAX ID	-			GROUP TA	AV ID	-					PRIM TAX (ONE			USE IN	DIVIDUA	.L	USE G	
Office Manager	INDIVIDUAL TAX ID				GROUP II	4X ID													_
Office Manager or Business																			
Office Staff	LAST NAME*																	Г	
Contact	FIRST NAME*																	L	M.I.
List each contact separately. You may use the check boxes	TINOT NAME				1					7-									*****
below for convenience. Do not write	TELEPHONE*				FAX														
instructions like "see above". These responses will be rejected and will require follow-up.	E-MAIL ADDRESS																		
Billing Contact																			
	LAST NAME*																		
CHECK HERE TO USE OFFICE MANAGER AND																			
OFFICE ADDRESS AS BILLING INFORMATION	FIRST NAME*																	IV	Л.1.
	NUMBER*	STR	EET*												S	UITE/BUI	LDING		
NOTE:																			_

3083

CITY*

TELEPHONE*

E-MAIL ADDRESS

Even if you checked the box above, please provide the E-mail Address of the Billing Contact. STATE*

ZIP CODE*

l	* REQUIRED RI	ESPONSE. NO	RESPONSE	MAY CAU	SE PROCE	SSING	DELAY	/S ANI	O REQUIRE	E FOL	LOW-U	P.										
Section 4	Practice	Location	Inform	nation	(Contir	nued)															
Payment and Remittance	ELECTRONIC BILLING	YES	NO																			
Remittance	CAPABILITIES?	*		BILLI	NG DEPAR	TMENT	(IF HOS	SPITAL	-BASED)													
OUR "CHECK PAYABLE TO" NFORMATION SHOULD BE CONSISTENT WITH YOUR N-9.	CHECK PAYABI	LE TO*																				
CHECK HERE TO USE OFFICE MANAGER AND DEFICE ADDRESS AS PAYEE	LAST NAME*																					
NFORMATION																						
	FIRST NAME*																					M.I.
	NUMBER*		STREE	T*							Ш			Ш				SHITE	/BUILE	ING		
NOTE	NOMBER		JIKEE	•													·	30112	/BOILL	,		
NOTE:	CITY*														STAT	E*		ZIP C	ODE*			
Even if you checked the box above, please provide the E-mail Address of the		-	-					-			-											
Payee Contact.	TELEPHONE*					FAX																
	E-MAIL ADDRESS																					
Office Hours	(USE HHMM	FORMAT AN	D ROUND	TO THE	NEARES ¹	ΓHALI	F-HOL	JR)														
		STAR		A=AM P=PM	END)		A=AM P=PM				STAI	RT		A=AN P=PN			END)		A=AN P=PM	
	MONDAY								FRII	DAY												
	TUESDAY								SATURI	DAY												
	WEDNESDAY								SUNI	DAY												
NOTE: After hours back office	THURSDAY																					
elephone will be used only by the health plan	24/7 PHONE CO	VERAGE?*	F YES									Α	FTER	HOUR	SBAC	K OFFI	CE TE	LEPH	IONE			_
and will not be oublished under any circumstances.	YES	NO	ANSV SERV	VERING ICE	INSTR	MAIL W JCTION ERING S	S TO C		WITH	E MA H OTH RUCT	ER				-							
Open Practice Status	ACCEPT NEW I	PATIENTS INTO	THIS PRACTI	CE?*		YES	N	10	A	CCEP	T ALL N	EW PA	TIEN'	TS?*						YES		NO
	ACCEPT EXISTING PATIENTS WITH CHANGE OF PAYOR?* YES NO ACCEPT NEW MEDICARE PATIENTS?*									YES		NC										
	ACCEPT NEW I	PATIENTS WITH	PHYSICIAN F	REFERRAL	?*	YES	N	10	A	CCEP.	TNEW	MEDIC	AID P	ATIENT	S?*					YES		NC
	IF ANY OF THE ABOVE INFORI	MATION																				
	VARIES BY PLA EXPLAIN (USE LINES IF REQU	вотн														T	TÏ					
	ARE THERE AN			GENDE	R LIMITATIO	ONS	<u> </u>	AGE LI	MITATIONS		LIST	OTHER	LIMI	TATION	IS							
	PRACTICE LIMI	NO	IF YES		NLY	NO	NE		MININ AGE	MUM												
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	-						308	34														I

* 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 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 LICENSE / CERTIFICATE NUMBER PRACTITIONER STATE 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

	* REQUIRED RESPO	NSE. NO RE	SPONSE	MAY CAUSE PROCESSIN	IG DELA	YS AND RE	QUIRE FO	DLLOW-UI	Ρ.								
n 4	Practice Lo	cation I	nform	nation (Continue	ed)												
are found on Enter the d 3-digit code ce provided.	LANGUAGES NON-ENGLISH LANG SPOKEN BY OFFICE INTERPRETERS AVAILABLE?*		LAN	LANGUAGES INTERPRETED	GUAGE C		ANGUAGI			NGUAGE			LANGU				
sibilities	DOES THIS OFFICE M	EET ADA ACC	CESSIBILI	TY REQUIREMENTS?*	YES	NO											
	DOES THIS SITE OFF		PPED	DOES THIS SI SERVICES FO				YES	NO		CESSII			TION?		YES	
	BUILDING?*	YES	NO	TEXT TEL	EPHONY	(TTY)*		YES	NO		I	BUS*				YES	
	PARKING?*	YES	NO	AMERICA	N SIGN LA	ANGUAGE*	П	YES	NO		:	SUBWA	AY*			YES	
	RESTROOM?*	YES	NO	MENTAL/F SERVICES		IMPAIRMEN	т	YES	NO		İ	REGIO	NAL TI	RAIN*		YES	
	OTHER HANDICAPPED ACCESS OTHER DISABILITY SERVICES OTHER TRANSPORTATION ACCESS																
	Does this location			following services?													
	SERVICES?	YES	NO	(E.G., CLIA, COLA, MLE													
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE X-RA' CERTIFICATION TYPE	(
	EKGS?	YES	NO	ALLERGY INJECTIONS?	YES	NO	ALLER TESTIN	GY SKIN IG?		YES	NO	1	ROUT GYNE (PELV	COLO		YI	ES
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE IMMUNIZATIONS?	YES	NO	FLEXIB SIGMO	LE DOSCOPY	(?	YES	NO	,	TYMP Y/ AU SCRE	DIOME	TRY	YI	ES
	ASTHMA TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES	NO	IV HYD TREAT	RATION/ MENT?		YES	NO	1	CARD		ST?	YI	ES
	PULMONARY FUNCTION TESTING?	YES	NO	PHYSICAL THERAPY?	YES	NO		OF MINOR	1	YES	NO	1					
	IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?	YES	NO	IF YES, WHAT CLASS/CATEGORY DO YOU USE?													
	IF YES, WHO ADMINISTERS IT?																
	L	AST NAME								FIRST NA	ME						
	TYPE OF PRACTICE (SELECT ONE ONLY)*	,	SOLO F	PRACTICE	SING	E SPECIAL	TY GROUI	•		MULTI-SF	PECIAL	TY GR	OUP				
	ADDITIONAL OFFICE	PROCEDURE	S PROVII	DED (INCLUDING SURGICA	L PROCE	DURES)											
																	_ _

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information (Continued) LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE Partners/ **Associates** Code lists are found on COVERING SPECIALTY CODE LAST NAME pages 36-43. Enter the COLLEAGUE associated 3-digit code (Y/N)? in the space provided. FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) If you have additional partners/associates at THIS location, use the Partner/Associate COVERING LAST NAME SPECIALTY CODE Supplemental Form on COLLEAGUE page 23. Photocopy as (Y/N)? necessary. Be certain to check "Primary FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) Location" at the top of the page. SPECIALTY CODE COVERING LAST NAME COLLEAGUE (Y/N)? FIRST NAME M.I. PROVIDER TYPE (CODE PG 36) LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE Covering **Colleagues** Code lists are found on SPECIALTY CODE LAST NAME pages 36-43. Enter the associated 3-digit code in the space provided. FIRST NAME PROVIDER TYPE (CODE PG 36) If you have additional covering colleagues that are not partners at THIS location, use the Covering Colleagues SPECIALTY CODE LAST NAME Supplemental Form on page 24. Photocopy as necessary. Be certain FIRST NAME M.I. to check "Primary PROVIDER TYPE (CODE PG 36) Location" at the top of the page. SPECIALTY CODE LAST NAME FIRST NAME мі PROVIDER TYPE (CODE PG 36) Section 5 **Hospital Affiliations** DO YOU HAVE HOSPITAL IF YOU DO NOT ADMIT PATIENTS, WHAT **Admitting** TYPE OF ADMITTING ARRANGEMENTS DO **Arrangements** PRIVILEGES? YOU HAVE? 3087

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 5 Hospital Affiliations (Continued) PRIMARY HOSPITAL Hospital **Privileges** If applicable, list all HOSPITAL NAME hospital affiliations. List primary hospital, then other current NUMBER SUITE/BUILDING STREET affiliations, followed by previous affiliations in chronological order. CITY STATE ZIP CODE If you have additional hospital privileges, use the Supplemental TELEPHONE Hospital Privileges Form on page 30. **DEPARTMENT NAME** DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME ARE PRIVILEGES TEMPORARY? **FULL, UNRESTRICTED** YES NO YES NO PRIVILEGES? TIP Be certain your AFFILIATION START DATE AFFILIATION END DATE admission percentages OF YOUR TOTAL ANNUAL % add up to 100% for ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? current hospitals. ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY) Otherwise, you will have to correct this OTHER HOSPITAL error. HOSPITAL NAME NUMBER SUITE/BUILDING CITY STATE ZIP CODE **TELEPHONE** DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME M.I. **FULL, UNRESTRICTED** ARE PRIVILEGES TEMPORARY? YES YES NO PRIVILEGES? AFFILIATION START DATE AFFILIATION END DATE OF YOUR TOTAL ANNUAL % ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED. PROVISIONAL. TEMPORARY) PLEASE EXPLAIN TERMINATED AFFILIATION

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. **Professional Liability Insurance Carrier** Section 6 **Professional** YES NO SELF-INSURED? Liability CARRIER OR SELF-INSURED NAME Insurance Carrier NUMBER IMPORTANT IF YOU DO NOT CARRY MALPRACTICE INSURANCE, CHECK CITY STATE* ZIP CODE THIS BOX AND SKIP THIS SECTION. TYPE OF INDIVIDUAL SHARED COVERAGE? ORIGINAL EFFECTIVE DATE* EFFECTIVE DATE* **EXPIRATION DATE** DO YOU HAVE UNLIMITED COVERAGE YES NO WITH THIS INSURANCE CARRIER?* AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE POLICY INCLUDES TAIL COVERAGE? YES NO POLICY NUMBER* **Professional** SELF-INSURED? Liability CARRIER OR SELF-INSURED NAME Insurance Carrier List other current, NUMBER³ STREET SUITE/BUILDING future, or previous carrier(s) if current carrier is less than ten CITY ZIP CODE* (10) years. TYPE OF NOTE: A longer period INDIVIDUAL SHARED COVERAGE? may be required by ORIGINAL EFFECTIVE DATE* **EFFECTIVE DATE*** **EXPIRATION DATE** your healthcare entity. If you have additional DO YOU HAVE UNLIMITED COVERAGE YES NO WITH THIS INSURANCE CARRIER? Insurance, use the AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE Supplemental Insurance Form on POLICY INCLUDES TAIL COVERAGE? NO YES page 31. POLICY NUMBER* Section 7 **Work History and References** Military Are you currently on active military YES NO duty or military reserve?* Duty **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 NUMBER SUITE/BUILDING healthcare entity. If you have additional work history, use the CITY ZIP/POSTAL CODE Supplemental Work History Form on page 32

* 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 REASON FOR DEPARTURE (IF APPLICABLE)

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 7 Work History and References (Continued) 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 MONTHS IN DURATION OR OF A SHORTER DURATION IF REQUIRED BY THE ORGANIZATION FOR WHICH YOU ARE BEING CREDENTIALED. Gaps in Professional / **Work History** GAP START DATE GAP END DATE If you have additional professional / work history gaps, use the Supplemental Professional Work History Gaps Form on page 33. **Professional** References LAST NAME Provide three professional references to whom you are not FIRST NAME* PROVIDER TYPE (CODE PG 36) related or are not partners in your practice. NUMBER* APT/SUITE/BUILDING Code lists are found on pages 36-43. Enter the associated 3-digit code for provider type. CITY STATE* ZIP CODE* NOTE: FΔX You are required to TELEPHONE provide exactly 3 references. Your application will not be complete without this LAST NAME* information. Please check with PROVIDER TYPE (CODE PG 36) FIRST NAME* credentialing entity for any special requirements. NUMBER³ STREET APT/SUITE/BUILDING CITY* STATE* ZIP CODE **TELEPHONE** FAX LAST NAME* PROVIDER TYPE (CODE PG 36) FIRST NAME* NUMBER APT/SUITE/BUILDING CITY STATE* ZIP CODE TELEPHONE 3091

* 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,
Answer all questions. For any "Yes"	1. YES denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?*
response, provide an explanation on the Supplemental	2. YES NO Has there been any challenge to your licensure, registration or certification?*
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.	3. YES NO been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings
Allied Health Providers	toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?*
	4. 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 guest been terminated for source or not renounce from participation, or been subject to any disciplinary action
question is applicable to you, you should	5. Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?*
answer the question "NO".	EDUCATION, TRAINING AND BOARD CERTIFICATION
110 .	Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, 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?*
	7. Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?*
	8. YES NO Have any of your board certifications or eligibility ever been revoked?*
	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
	NO Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, 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 otherwise 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, education 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?*
	13. YES NO To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?*
	14. YES NO Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?*
	Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?*
	Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, o agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or health-care facility of any military agency?*
	PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY
	No Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?*
	18. YES NO Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?*

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

Disclosure Questions

Section 8

Answer all questions. For any "Yes" response, provide an explanation on the Supplemental Disclosure Question Explanation Form on page 34.

IMPORTANT
If you answered "Yes"
to question #19, you
must complete the
Supplemental
Malpractice Claims
Explanation Form on
page 35 for each
malpractice claim.

25.

26.

YES

YES

accommodation?

Disclosure Questions (Continued)

MALPRACTICE CLAIMS HISTORY Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?* YES 19 If yes, provide information for each case. **CRIMINAL/CIVIL HISTORY** NO Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?* 20. YES In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor YES 21. NO traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual YES NO Have you ever been court-martialed for actions related to your duties as a medical professional?* Note: A criminal record will not necessarily be a bar to acceptance. Decisions will be made by each health plan or credentialing organization based upon all the relevant circumstances, including the nature of the crime. **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?*

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 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 page as needed and submit as instructed.	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
	CDS CERTIFICATE NUMBER CDS STATE OF REGISTRATION	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? Code list is found on page 36; use license status codes. Enter	LICENSE ISSUING STATE LICENSE ISSUE DATE M M D D Y Y Y Y Y LICENSE EXPIRATION DATE Code list is found on page 36; use provider type codes. Enter
	3-digit code in space provided. LICENSE STATUS CODE LICENSE TYPE STATE LICENSE NUMBER IF THIS IS A STATE LICENSE, ARE YOU YES NO	3-digit code in space provided. M M D D Y Y Y Y LICENSE ISSUING STATE LICENSE ISSUE DATE
	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	LICENSE EXPIRATION DATE 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 ONLY
Education	
	INSTITUTION/HOSPITAL WHERE U.S. CLINICAL TRAINING WAS PERFORMED (DO NOT ABBREVIATE)
	ADDRESS
	CITY STATE ZIP CODE
	TELEPHONE FAX
	DID YOU COMPLETE YOUR VES NO MM V V V V
	EDUCATION AT THIS SCHOOL? START DATE END DATE (GRADUATION DATE)
Other Relevant Education	
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
you need to report dditional Education, hotocopy this page as eeded and submit as estructed.	NUMBER STREET SUITE/BUILDING
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	MMYYYY
	COUNTRY CODE START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL? YES NO
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
	NUMBER STREET SUITE/BUILDING
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	MMYYYYY
	COUNTRY CODE START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL? YES NO

Other Training Supplemental Form

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

Section 2	Education																		<u></u>									
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pages 36-43. Enter the associated 3-digit code																					-							
in the space provided.	COUNTRY CO	DE				Т	ELEPH	IONE										FAX										
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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	Pro	fess	iona	I / M	edica	al S	рес	ialty	Info	rma	tio	n														
Additional Specialty	SPECIALT CODE	Υ					CERTII	INITIA FICATIO DAT	N [/]	М	D	D	Υ	Υ	Υ	Y	/	1	BE LIS	U WIS	N ORY	ı	НМО	YES		NO
Code lists are found on pages 36-43. Enter the	BOARD CERTIFIED	0?	YES	NO	Э			FICATIO DAT LICABLE	E M	М	D	D	Υ	Υ	Υ	Y	′			ALTY		ı	PPO	YES		NO
associated 3-digit code n the space provided.	CERTIFYII BOARD CODE	NG				EXI (I	PIRATI F APPI	ON DAT	E) M	M	D	D	Υ	Υ	Υ	/	/					F	POS	YES		NO
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Partners/Associates **Supplemental Form**

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Covering Colleagues Supplemental Form

	* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-L	JP.
Section 4	Practice Location Information	
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Section 4	Pr	rac	tic	e L	oca	atio	n I	nfo	rma	atic	n	- P	age	1	of 5	5																	
Additional Practice	-	L	OC.	ΑТ	ION	* #																											
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* 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 CAPABII ITIES? 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 START END 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** ACCEPT NEW PATIENTS INTO THIS PRACTICE?* YFS 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 AGE NONE YES NΩ **FEMALE** MAXIMUM ONLY 3101

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

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dditional actice	─ ► LOCATION* #	#															
ocation	DO MID-LEVEL PRACTITIONI ASSISTANTS, ETC.) CARE FO	ERS (NURSE I OR PATIENTS	PRACTITIC IN YOUR F	NERS, P	HYSICI E?*	AN	YES	NO	o								
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* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information - Page 4 of 5 **Additional** ► LOCATION* # **Practice** Location **LANGUAGES** (Continued) NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL **IMPORTANT** LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE In the box provided. INTERPRETERS LANGUAGES indicate to which YES NO AVAILABLE?* INTERPRETED practice location this page belongs. LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE LANGUAGE CODE **Accessibilities** DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS?* YES NO DOES THIS SITE OFFER HANDICAPPED DOES THIS SITE OFFER OTHER ACCESSIBLE BY YES NO YES NO ACCESS FOR THE FOLLOWING SERVICES FOR THE DISABLED? **PUBLIC TRANSPORTATION?* BUILDING?*** YES NO **TEXT TELEPHONY (TTY)*** YES NO BUS* YES NO PARKING?* YES NO AMERICAN SIGN LANGUAGE* YES NO SUBWAY* YES NO MENTAL/PHYSICAL IMPAIRMENT REGIONAL TRAIN YES NO RESTROOM?* YES NO YES NO OTHER HANDICAPPED ACCESS OTHER TRANSPORTATION ACCESS OTHER DISABILITY SERVICES Services Does this location provide any of the following services? IF YES, PROVIDE ACCREDITING/ LABORATORY YES NO CERTIFYING PROGRAM SERVICES? (E.G., CLIA, COLA, MLE) RADIOLOGY IF YES, PROVIDE X-RAY YES NO SERVICES? **CERTIFICATION TYPE** ALLERGY INJECTIONS? ALLERGY SKIN TESTING? EKGS? YES NO YES NO NO YES NO GYNECOLOGY YES (PELVIC/PAP)? AGE TYMPANOMETR Y/ AUDIOMETRY DRAWING YES NO APPROPRIATE **FLEXIBLE** YES NO YES NO YES BLOOD? SIGMOIDOSCOPY? IMMUNIZATIONS? SCREENING? ASTHMA OSTEOPATHIC MANIPULATION? IV HYDRATION/ TREATMENT? CARDIAC STRESS TEST? YES NΩ YES NO YES YES NO TREATMENT? PULMONARY PHYSICAL YES NO CARE OF MINOR **FUNCTION** YES NO YES NΩ THERAPY? LACERATIONS? TESTING? IS ANESTHESIA ADMINISTERED IN IF YES. WHAT YES CLASS/CATEGORY YOUR OFFICE? DO YOU USE? IF YES, WHO ADMINISTERS IT? FIRST NAME LAST NAME TYPE OF PRACTICE SINGLE SPECIALTY GROUP MULTI-SPECIALTY GROUP SOLO PRACTICE (SELECT ONE ONLY) ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES) 3103

	* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.	
Section 4	Practice Location Information - Page 5 of 5	
Additional Practice	→ LOCATION* #	_
Location (Continued)	LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE	
IMPORTANT		
In the box provided,	LAST NAME	SPECIALTY CODE COVERING
indicate to which practice location this		COLLEAGU (Y/N)?
page belongs.	FIRST NAME M.I.	PROVIDER TYPE (CODE PG 36)
If you have additional		
partners/associates at THIS location, use the		
Partner/Associate Supplemental Form on	LAST NAME	SPECIALTY CODE COVERING COLLEAGU (Y/N)?
page 23. Photocopy as necessary. Be certain		
to indicate the Practice Location Number at the	FIRST NAME M.I.	PROVIDER TYPE (CODE PG 36)
top of the page.		
Code lists are found on	LAST NAME	SPECIALTY CODE COVERING
pages 36-43. Enter the associated 3-digit code		COLLEAGU (Y/N)?
in the space provided.	FIRST NAME M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME	SPECIALTY CODE COVERING COLLEAGU
		(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		
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)
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Location Number at the top of the page.	LAST NAME	SPECIALTY CODE
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Hospital Privileges (Current) Supplemental Form

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

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

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Professional Training / Work History Gaps Supplemental Form

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Section 7	Profession	nal Training / Work Hist	tory Gaps
Professional Fraining / Work History Gaps	GAP START DATE	MMYYYY	GAP END DATE M M Y Y Y Y
Please explain any ime periods or gaps in raining or work history hat have occurred since graduation from professional school			
and are longer than hree month in duration or of a shorter duration f required by the	GAP START DATE	MMYYYY	GAP END DATE M M Y Y Y
organization for which you are being credentialed.			
	GAP START DATE	MMYYYY	GAP END DATE M Y Y Y
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	GAP START DATE	MMYYYY	GAP END DATE M Y Y Y

Disclosure Questions Supplemental Form

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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.

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Provider Type Codes

Medical Doctor (MD)

002 Doctor of Dental Surgery (DDS)

003 Doctor of Dental Medicine (DMD) Doctor of Podiatric Medicine (DPM)

004

Doctor of Chiropractic (DC) 005

007 Osteopathic Doctor (DO)

020 Acupuncturist Alcohol/Drug Counselor 021

022 Audiologist

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

030 Licensed Practical Nurse 031 Marriage/Family Therapist

Massage Therapist 032 033 Naturopath

034 Neuropsychologist Midwife

036 Nurse Midwife Nurse Practitioner 037

038 Nutritionist Occupational Therapist

039 Optician

041 Optometrist

Pharmacist 042

Physical Therapist 043 044 Physician Assistant

045 **Professional Counselor**

Registered Nurse

Registered Nurse First Assistant 047

Respiratory Therapist 048

049 Speech Pathologist

License Status Codes

Active 800 Pending 009 Probation 002 Canceled 003 Denied 010 Provisional 004 Expired 011 Restricted 005 Inactive 012 Revoked Lapsed Suspended 007 Limited 014 Surrendered 015 Temporary 016 Terminated

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 051 533 Aruba 036 Australia 040 Austria 031 Azerbaijan

044 Bahamas Bahrain 048 050 Bangladesh 052 Barbados 112 Belarus 056 Belgium

084 Belize 204 Benin 060 Bermuda 064 Bhutan 068 Bolivia 070 Bosnia and Herzegovina 072 Botswana

124

Canada

074 Bouvet Island 076 Brazil British Indian Ocean Territory 096 Brunei Darussalam Bulgaria 100 854 Burkina Faso 108 Burundi 116 Cambodia 120 Cameroon

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 180 Congo, Democratic Republic of the

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 Falkland Islands (Malvinas)

234 Faroe Islands 242 Fiji

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

French Southern Territories 266 Gabon

Gambia 270 268 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 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

410 Korea, South 414 Kuwait 417 Kyrgyzstan 418 Laos 428 Latvia Lebanon 426 Lesotho

Korea, North

430 Liberia Libya 434 438 Liechtenstein Lithuania 442 Luxembourg 446 Macau 807 Macedonia

450 Madagascar 454 Malawi 458 Malavsia 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 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)

674 678 682 683 686 690 694 702 703 705 090	São Tomé and Príncipe Saudi Arabia Scotland Senegal Seychelles Sierra Leone Singapore Slovakia Slovenia Solomon Islands Somalia	756	Sandwich Islands Spain Sri Lanka Sudan Suriname Svalbard and Jan Mayen Swaziland Sweden Switzerland Syria Taiwan Tajikistan Tanzania Thailand	772 776 780 788 792 796 798 800 804 784 826 840 581 858	Tokelau Tonga Trinidad and Tobago Tunisia Turkey795 Turkmenistan Turks and Caicos Islands Tuvalu Uganda Ukraine United Arab Emirates United Kingdom United States U.S. Minor Outlying Islands Uruguay	3
710 239	South Africa South Georgia and the South	764 768	Togo	858 860	Uruguay Uzbekistan	

Language Codes

	<u> </u>		
001	Abkhazian	061	Kinyarwanda
002	Afan (Oromo)	062	Kirghiz
003	Afar	063	Kurundi
004	Afrikaans	064	Korean
005	Albanian	065	Kurdish
006	Amharic	066	Laothian
007	Arabic	067	Latin
800	Armenian	068	Latvian;Lettish
009	Assamese	069	Lingala
010 011	Zerbaijani	070	Lithuanian
011	Bashkir Basque	071 072	Macedonian Malagasy
012	•	072	• ,
013	Bengali;Bangla Bhutani	073	Malay Malayalam
015	Bihari	075	Maltese
016	Bislama	075	Maori
017	Breton	077	Marathi
018	Bulgarian	078	Moldavian
019	Burmese	079	Mongolian
020	Byelorussian	080	Nauru
021	Cambodian	081	Nepali
022	Catalan	082	Norwegian
023	Chinese	083	Occitan
024	Corsican	084	Oriya
025	Croatian	085	Pashto;Pushto
026	Czech	086	Persian (Farsi)
027	Danish	087	Polish
028	Dutch	088	Portuguese
140	English	089	Punjabi
030	Esperonto	090	Quechua
031	Estonian	091	Rhaeto-Romance
032	Faroese	092	Romanian
033	Fiji	093	Russian
034	Finnish	094	Samoan
035	French	095	Sangho
036	Frisian	096	Sanskrit
037	Galican	097	Scot Gaelic
038	Georgian	098	Serbian
039	German	099	Serbo-Croatian
040	Greek	100	Sesotho
041	Greenlandic	101	Setswana
042	Guarani	102	Shona
043	Gujarati	103	Sindhi
044	Hausa	104	Singhalese
045	Hebrew	105	Siswati
046 047	Hindi	106	Slovak
	Hungarian	107	Slovenian
048	Icelandic	108	Somali
049 050	Indonesian	109 110	Spanish Sundanese
050	Interlingua Interlingue	111	Swahili
052	Inuktitut	112	Swedish
053	Inupiak	113	Tagalog
053	Irish	114	Tajalog Tajik
055	Italian	115	Tamil
056	Japanese	116	Tatar
057	Javanese	117	Telugu
058	Kannada	118	Thai
059	Kashmiri	119	Tibetan
060	Kazakh	120	Tigrinya
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121 Tonga 122 Tsonga 123 Turkish 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

002 University of South Alabama College of Medicine

Arkansas

003 University of Arkansas College of Medicine

Arizona

500 Arizona College of Osteopathic Medicine

004 University of Arizona College of Medicine

California

801 California College of Podiatric Medicine

400 Cleveland Chiropractic College of Los Angele

005 Keck School of Medicine

401 Life Chiropractic College West

301 Loma Linda University School of Dentistry

006 Loma Linda University School of Medicine

402 Los Angeles College of Chiropractic

403 Palmer College of Chiropractic West

404 Quantum University/SCCC

007 Stanford University School of Medicine

501 Touro University College of Osteopathic Medicine

008 UCLA School of Medicine

009 University of California

010 University of California, Irvine, College of Medicine

302 University of California, Los Angeles School of Dentistry

011 University of California, San Diego, School of Medicine

303 University of California, San Francisco, School of Dentistry

012 University of California, San Francisco, School of Medicine

304 University of Southern California School of Dentistry

305 University of the Pacific School of Dentistry

502 Western University of Health Sciences, College of Osteopathic Medicine 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

307 University of Connecticut School of Dental Medicine

014 University of Connecticut School of Medicine

015 Yale University School of Medicine

District of Columbia

016 George Washington University

017 Georgetown University School of Medicine

308 Howard University College of Dentistry

018 Howard University College of Medicine

Florida

800 Barry University School of Graduate Medical Sciences

309 Nova Southeastern University College of Dentistry

503 Nova Southeastern University College of Osteopathic Medicine

310 University of Florida College of Dentistry

019 University of Florida College of Medicine

020 University of Miami School of Medicine

021 University of South Florida College of Medicine

Georgia

022 Emory University School of Medicine

406 Life Chiropractic College

311 Medical College of Georgia School of Dentistry

023 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

Iowa

802 College of Podiatric Medicine and Surgery Des Moines University

504 Des Moines University, Osteopathic Medical Center, College of

Osteopathic Medicine and Surgery

407 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

Indiana

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 Dentistry051 Wayne State University School of Medicine

Minnesota

052 Mayo Medical School

409 Northwestern College of Chiropractic

053 University of Minnesota, Duluth School of Medicine

University of Minnesota Medical School, Twin CitiesUniversity 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)

Mississippi

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

North Carolina

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

North Dakota

064 University of North Dakota School of Medicine and Health Sciences

Nebraska

- 330 Creighton University School of Dentistry
- 065 Creighton University School of Medicine
- 066 University of Nebraska College of Medicine
- 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
- 511 UMDNJ, School of Osteopathic Medicine

New Mexico

070 University of New Mexico School of Medicine

Nevada

071 University of Nevada School of Medicine

New York

- 072 Albany Medical College
- 073 Albert Einstein College of Medicine
- 074 Columbia University College of Physicians and Surgeons
- 333 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
- 077 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
- 336 State University of New York at Stony Brook School of Dental Medicine
- 081 State University of New York at Stony Brook School of Medicine
- 079 State University of New York College of Medicine
- 080 State University of New York Upstate Medical University
- 083 University of Rochester School of Medicine and Dentistry

Ohio

- 337 Case Western Reserve University School of Dentistry
- 084 Case Western Reserve University School of Medicine
- 085 Medical College of Ohio
- 086 Northeastern Ohio Universities College of Medicine
- 803 Ohio College of Podiatric Medicine
- 338 Ohio State University College of Dentistry
- 087 Ohio State University College of Medicine and Public Health
- 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
- 090 University of Oklahoma College of Medicine

Oregon

- O91 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
- 94 Pennsylvania State University College of Medicine
- 516 Philadelphia College of Osteopathic Medicine341 Temple University School of Dentistry
- Temple University School of Dentistry
 Temple University School of Medicine
- 805 Temple University School of Podiatric Medicine
- 342 University of Pennsylvania School of Dental Medicine
- 096 University of Pennsylvania School of Medicine
- 343 University of Pittsburgh School of Dental Medicine097 University of Pittsburgh School of Medicine

Puerto Rico

- 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
- 347 University of Tennessee College of Dentistry107 University of Tennessee College of Medicine
- 108 Vanderbilt University School of Medicine

Texas

- 348 Baylor College of Dentistry
- 109 Baylor College of Medicine
- 415 Parker College of Chiropractic
- 416 Texas Chiropractic College
- 110 Texas Tech University Health Sciences Center School of Medicine
- 111 The Texas A & M University System College of Medicine
- 517 UNT Health Sciences Center, Texas College of Osteopathic Medicine
- 349 University of Texas Health Science Center at Houston Dental School
- University of Texas Health Science Center at San Antonio Dental SchoolUniversity of Texas Medical Branch at Galveston
- 113 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

Washington

- 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
- Dalhousie University Faculty of Medicine 126
- 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 University of Toronto Faculty of Medicine 141
- University of Western Ontario Faculty of Dentistry 364

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 Allergy & Immunology
- 246 Allergy & Immunology, Allergy
- 291 Allergy & Immunology, Clinical & Laboratory Immunology
- 249 Anesthesiology
- Anesthesiology, Addiction Medicine 235
- 258
- Anesthesiology, Critical Care Medicine
- 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
- 443 Dermatology, Pediatric Dermatology 268
- **Emergency Medicine** Emergency Medicine, Emergency Medical 445
- 427 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
- 396 Family Practice, Sports Medicine
- 225 General Practice
- 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, Hepatology

- Internal Medicine, Magnetic Resonance Imaging 453
- 325 Internal Medicine, Medical Oncology
- 309 Internal Medicine, Nephrology
- 378 Internal Medicine, Pulmonary Disease
- Internal Medicine, Rheumatology 390
- Internal Medicine, Sports Medicine
- 481 Legal Medicine
- 261 Medical Genetics, Clinical Cytogenetic
- Medical Genetics, Clinical Genetics (M.D.) 277
- 455 Medical Genetics, Molecular Genetic Pathology
- Medical Genetics, Ph.D. Medical Genetics
- 306 Neonatal-Perinatal Medicine
- Neopathology 308
- 409
- 330 Neuromusculoskeletal Medicine & OMM
- 440 Neuromusculoskeletal Medicine, Sports Medicine
- 317 Nuclear Medicine
- Medicine
- 315
- Nuclear Medicine, Nuclear Imaging & Therapy 316
- Obstetrics & Gynecology
- Obstetrics & Gynecology, Critical Care Medicine
- 326 Obstetrics & Gynecology, Gynecologic Oncology
- 286
- Obstetrics & Gynecology, Maternal & Fetal 303
- Obstetrics & Gynecology, Reproductive 271
- Ophthalmology 328
- 441 Oral & Maxillofacial Surgery
- Orthopaedic Surgery, Adult Reconstructive 412 Orthopaedic Surgery
- 456 Orthopaedics

- Internal Medicine, Hematology
- 288 Internal Medicine, Hematology & Oncology
- Internal Medicine, Infectious Disease 299
- 451 Internal Medicine, Interventional Cardiology
- (MRI)
- 802 Internal Medicine, Sleep Medicine
- 397
- 433 Laboratories, Clinical Medical Laboratory
- 278 Medical Genetics, Clinical Biochemical Genetics
- 280 Medical Genetics, Clinical Molecular Genetics

- Neurological Surgery

- Nuclear Medicine, In Vivo & In Vitro Nuclear 318
- Nuclear Medicine, Nuclear Cardiology
- 260
- Obstetrics & Gynecology, Gynecology
- Obstetrics & Gynecology, Obstetrics
- Endocrinology
- Orthopaedic Surgery
- Orthopaedic Surgery, Foot and Ankle
- Orthopaedic Surgery, Hand Surgery Orthopaedic Surgery, Orthopaedic Surgery of the

- Orthopaedic Surgery, Orthopaedic Trauma 416
- Orthopaedic Surgery, Pediatric Orthopaedic 803
- Orthopaedic Surgery, Sports Medicine
- 457
- 119 Orthopedic
- 331 Otolaryngology
- Otolaryngology, Otolaryngic Allergy 458 459 Otolaryngology, Otolaryngology/ Facial Plastic
- Surgery
- 332 Otolaryngology, Otology & Neurotology
- Otolaryngology, Pediatric Otolaryngology 357 Otolaryngology, Plastic Surgery within the Head 417
- & Neck
- Otolaryngology, Sleep Medicine Pain Medicine, Interventional Pain Medicine
- 480
- 337 Pain Medicine
- 338 Pathology, Anatomic Pathology Pathology, Anatomic Pathology & Clinical 340
 - Pathology Pathology, Blood Banking & Transfusion Medicine
- Pathology, Chemical Pathology 344
- 302 Pathology, Clinical
- Pathology/Laboratory Medicine
- Pathology, Cytopathology Pathology, Dermatopathology 265
- 273 Pathology, Forensic Pathology
- 290 Pathology, Hematology Pathology, Immunopathology 298
- Pathology, Medical Microbiology 461 Pathology, Molecular Genetic
- Pathology 312 Pathology, Neuropathology
- 358 Pathology, Pediatric Pathology
- Pediatric Anesthesiology Pediatrics, Adolescent Medicine
- 295 Pediatrics, Clinical & Laboratory Immunology
- Pediatrics, Developmental -Behavioral Pediatrics Pediatrics, Medical Toxicology 354
- Disabilities Pediatrics, Pediatric Allergy & Immunology

Pediatrics, Neurodevelopmental

Specialty Codes - MD/DO Only

Shec	ially codes - Midibo Off
346	Pediatrics, Pediatric Cardiology
347	Pediatrics, Pediatric Critical Care
	Medicine
463	Pediatrics, Pediatric Emergency
	Medicine
349	Pediatrics, Pediatric Endocrinology
350	Pediatrics, Pediatric
	Gastroenterology
351	Pediatrics, Pediatric Hematology-
	Oncology
352	Pediatrics, Pediatric Infectious
	Diseases
355	Pediatrics, Pediatric Nephrology
359	Pediatrics, Pediatric Pulmonology
361	Pediatrics, Pediatric Rheumatology
806	Pediatrics, Sleep Medicine
398	Pediatrics, Sports Medicine
365	Physical Medicine & Rehabilitation

- Physical Medicine & Rehabilitation, 468 Pain Medicine 389 Physical Medicine & Rehabilitation,
- Pediatric Rehabilitation Medicine 466 Physical Medicine & Rehabilitation. Spinal Cord Injury Medicine
- Physical Medicine & Rehabilitation, 469 Sports Medicine
- Plastic Surgery
- 470 Plastic Surgery, Plastic Surgery Within the Head and Neck 407 Plastic Surgery, Surgery of the

- Hand 242 Preventive Medicine, Aerospace Medicine
- 429 Preventive Medicine, Medical Toxicology
- 112 Preventive Medicine, Occupational Medicine
- 471 Preventive Medicine, Sports Medicine
- Preventive Medicine, Undersea and Hyperbaric Medicine
- Preventive Medicine/Occupational 114 **Environmental Medicine**
- 370 Psychiatry & Neurology, Addiction Medicine Psychiatry & Neurology, Addiction 473
- Psychiatry Psychiatry & Neurology, Child & 371
- Adolescent Psychiatry Psychiatry & Neurology, Clinical
- Neurophysiology Psychiatry & Neurology, Forensic
- Psychiatry 373 Psychiatry & Neurology, Geriatric
- Psychiatry 472 Psychiatry & Neurology, Neurodevelopmental Disabilities 100 Psychiatry & Neurology, Neurology
- Psychiatry & Neurology, Neurology with Special Qualifications in Child

- Neurology
- 474 Psychiatry & Neurology, Pain Medicine
- 368 Psychiatry & Neurology, Psychiatry Psychiatry & Neurology, Sleep Medicine
- Psychiatry & Neurology, Sports 475 Medicine
- Psychiatry & Neurology, Vascular Neurology
- Public Health & General Preventive Medicine
- 252 Radiology, Body Imaging
- Radiology, Diagnostic Radiology 173 430 Radiology, Diagnostic Ultrasound
- Radiology, Neuroradiology 314
- Radiology, Nuclear Radiology 319
- Radiology, Pediatric Radiology 360
- Radiology, Radiation Oncology 380
- Radiology, Radiological Physics 477 Radiology, Therapeutic Radiology 381
- 384 Radiology, Vascular & Interventional Radiology
- 434 Supplier 399 Surgery
- 418 Surgery, Pediatric Surgery
- 420 Surgery, Plastic and Reconstructive Surgery
- 405 Surgery, Surgery of the Hand
- Surgery, Surgical Critical Care 425

- 413 Surgery, Surgical Oncology
- 423 Surgery, Trauma Surgery
- 400 Surgery, Vascular Surgery
- Thoracic Surgery (Cardiothoracic Vascular Surgery)
- 442 Transplant Surgery
- 424 Urology
- 811 Urology, Pediatric Urology

Specialty Codes - DDS / DMD / DPM / DC

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

DDS / DMD 2 13 Dentist, Dental Public Health Dentist, Endodontics 14 438 Dentist General Practice Dentist, Oral and Maxillofacial Pathology 16 439

- Dentist, Oral and Maxillofacial Radiology Dentist, Oral and Maxillofacial Surgery
- Dentist, Orthodontics and Dentofacial Orthopedics 15
- Dentist. Pediatric Dentistry 17
- Dentist, Periodontics 18
- Dentist, Prosthodontics 19

DPM

- Podiatrist 231 Podiatrist, Foot & Ankle Surgery Podiatrist, Foot Surgery 230
- Podiatrist, Primary Podiatric Medicine 227
- 226 Podiatrist, Public Medicine
- 228 Podiatrist, Radiology
- Podiatrist, Sports Medicine

- Chiropractor Chiropractor, Internist
- 5 6 Chiropractor, Neurology
- 7 Chiropractor, Nutrition
- 8 Chiropractor, Occupational Medicine
- Chiropractor, Orthopedic
- Chiropractor, Radiology
- Chiropractor, Rehabilitation Specialization 801
- Chiropractor, Sports Physician 11
- 12 Chiropractor, Thermography

Specialty Codes - Allied Providers

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

- 501 Acupuncturist
- 503 Audiologist
- 504 Audiologist, Assistive Technology Practitioner
- 505 Audiologist, Assistive Technology Supplier
- 531 Christian Science Practitioner
- 727 Clinical Nurse Specialist
- 728 Clinical Nurse Specialist, Acute Care
- 729 Clinical Nurse Specialist, Adult Health
- Clinical Nurse Specialist, Chronic Care 730
- Clinical Nurse Specialist, Community Health/Public Health 731
- 732 Clinical Nurse Specialist, Critical Care Medicine
- Clinical Nurse Specialist, Emergency 733
- 734 Clinical Nurse Specialist, Ethics
- 735 Clinical Nurse Specialist, Family Health
- 736 Clinical Nurse Specialist, Gerontology
- 737 Clinical Nurse Specialist, Holistic Clinical Nurse Specialist, Home Health 738
- 739 Clinical Nurse Specialist, Informatics
- 740 Clinical Nurse Specialist, Long-Term Care
- 741 Clinical Nurse Specialist, Medical-Surgical
- 742 Clinical Nurse Specialist, Neonatal
- 743 Clinical Nurse Specialist, Neuroscience
- 744 Clinical Nurse Specialist, Occupational Health 745 Clinical Nurse Specialist, Oncology
- 746 Clinical Nurse Specialist, Oncology, Pediatrics Clinical Nurse Specialist, Pediatrics 747
- 748 Clinical Nurse Specialist, Perinatal
- 749 Clinical Nurse Specialist, Perioperative
- 750 Clinical Nurse Specialist, Psychiatric/Mental Health
- Clinical Nurse Specialist, Psychiatric/Mental Health, Adult 751
- 752 Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent

- Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically III
- Clinical Nurse Specialist, Psychiatric/Mental Health, Community 755 Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric 756
- 757 Clinical Nurse Specialist, Rehabilitation
- 759 Clinical Nurse Specialist, School
- 758 Clinical Nurse Specialist, Transplantation Clinical Nurse Specialist, Women's Health
- 760 513 Counselor
- Counselor, Addiction (Substance Use Disorder) 514
- 515 Counselor, Mental Health
- 516 Counselor, Professional
- Dietitian, Registered 533
- Dietitian, Registered, Nutrition, Metabolic 536
- 534 Dietitian, Registered, Nutrition, Pediatric
- 535 Dietitian, Registered, Nutrition, Renal
- 651 Licensed Practical Nurse
- 517 Marriage & Family Therapist
- Massage Therapist 547 549 Midwife, Certified
- Midwife, Certified Nurse 652
- 551 Naturopath
- 553 Neuropsychologist
- 653 Nurse Anesthetist, Certified Registered
- Nurse Practitioner 654 655 Nurse Practitioner, Acute Care
- 656 Nurse Practitioner, Adult Health
- 658 Nurse Practitioner, Community Health
- 657 Nurse Practitioner, Critical Care Medicine Nurse Practitioner, Family 659

Specialty Codes - Allied Providers (continued)

Spe	ecialty Codes - Allied Providers (continued)		
660	Nurse Practitioner, Gerontology	679	Registered Nurse, Continuing Education/Staff Development
	Nurse Practitioner, Neonatal		Registered Nurse, Critical Care Medicine
	Nurse Practitioner, Neonatal, Critical Care		Registered Nurse, Diabetes Educator
	Nurse Practitioner, Obstetrics & Gynecology Nurse Practitioner, Occupational Health		Registered Nurse, Dialysis, Peritoneal Registered Nurse, Emergency
	Nurse Practitioner, Pediatrics		Registered Nurse, Enterostomal Therapy
	Nurse Practitioner, Pediatrics, Critical Care	686	Registered Nurse, Flight
	Nurse Practitioner, Perinatal		Registered Nurse, Gastroenterology
	Nurse Practitioner, Primary Care Nurse Practitioner, Psych/Mental Health		Registered Nurse, General Practice Registered Nurse, Gerontology
	Nurse Practitioner, School	691	• • • • • • • • • • • • • • • • • • • •
	Nurse Practitioner, Women's Health		Registered Nurse, Home Health
	Nutritionist		Registered Nurse, Hospice
	Nutritionist, Nutrition, Education Occupational Therapist		Registered Nurse, Infection Control Registered Nurse, Infusion Therapy
	Occupational Therapist Occupational Therapist, Ergonomics		Registered Nurse, Lactation Consultant
	Occupational Therapist, Hand		Registered Nurse, Maternal Newborn
	Occupational Therapist, Human Factors		Registered Nurse, Medical-Surgical
	Occupational Therapist, Neurorehabilitation		Registered Nurse, Neonatal Intensive Care
	Occupational Therapist, Pediatrics Occupational Therapist, Rehabilitation, Driver		Registered Nurse, Neonatal, Low-Risk Registered Nurse, Nephrology
	Optician		Registered Nurse, Neuroscience
	Optometrist		Registered Nurse, Nurse Massage Therapist (NMT)
	Optometrist, Corneal and Contact Management		Registered Nurse, Nutrition Support
	Optometrist, Low Vision Rehabilitation Optometrist, Occupational Vision		Registered Nurse, Obstetric, High-Risk Registered Nurse, Obstetric, Inpatient
	Optometrist, Pediatrics		Registered Nurse, Occupational Health
	Optometrist, Sports Vision		Registered Nurse, Oncology
	Optometrist, Vision Therapy		Registered Nurse, Ophthalmic
	Pharmacist Pharmacist, General Practice		Registered Nurse, Orthopedic Registered Nurse, Ostomy Care
	Pharmacist, Geriatric		Registered Nurse, Ostorny Care Registered Nurse, Otorhinolaryngology & Head-Neck
	Pharmacist, Nuclear		Registered Nurse, Pain Management
576	Pharmacist, Nutrition Support	706	Registered Nurse, Pediatric Oncology
	Pharmacist, Oncology		Registered Nurse, Pediatrics
	Pharmacist, Pharmacotherapy Pharmacist, Psychiatric		Registered Nurse, Perinatal Registered Nurse, Plastic Surgery
	Physical Therapist		Registered Nurse, Psych/Mental Health
	Physical Therapist, Cardiopulmonary		Registered Nurse, Psych/Mental Health, Adult
	Physical Therapist, Electrophysiology, Clinical		Registered Nurse, Psych/Mental Health, Child & Adolescent
	Physical Therapist, Ergonomics Physical Therapist, Geriatrics		Registered Nurse, Registered Nurse First Assistant Registered Nurse, Rehabilitation
	Physical Therapist, Genatics Physical Therapist, Hand		Registered Nurse, Reproductive Endocrinology/Infertility
	Physical Therapist, Human Factors		Registered Nurse, School
	Physical Therapist, Neurology		Registered Nurse, Urology
	Physical Therapist, Orthopedic		Registered Nurse, Women's Health Care, Ambulatory
	Physical Therapist, Pediatrics Physical Therapist, Sports		Registered Nurse, Wound Care Respiratory Therapist, Certified
	Physician Assistant		Respiratory Therapist, Certified, Critical Care
	Physician Assistant, Medical		Respiratory Therapist, Certified, Educational
	Physician Assistant, Surgical		Respiratory Therapist, Certified, Emergency Care
	Psychologist Psychologist, Addiction (Substance Use Disorder)		Respiratory Therapist, Certified, General Care Respiratory Therapist, Certified, Geriatric Care
	Psychologist, Adult Development & Aging		Respiratory Therapist, Certified, Home Health
	Psychologist, Behavioral		Respiratory Therapist, Certified, Neonatal/Pediatrics
	Psychologist, Child, Youth & Family		Respiratory Therapist, Certified, Palliative/Hospice
	Psychologist, Clinical Psychologist, Counseling		Respiratory Therapist, Certified, Patient Transport Respiratory Therapist, Certified, Pulmonary Diagnostics
	Psychologist, Educational		Respiratory Therapist, Certified, Pulmonary Function Technologist
	Psychologist, Exercise & Sports		Respiratory Therapist, Certified, Pulmonary Rehabilitation
	Psychologist, Family		Respiratory Therapist, Certified, SNF/Subacute Care
	Psychologist, Forensic		Respiratory Therapist, Registered
	Psychologist, HealthService Psychologist, Men & Masculinity		Respiratory Therapist, Registered, Critical Care Respiratory Therapist, Registered, Educational
	Psychologist, Mental Retardation & Developmental Disabilities		Respiratory Therapist, Registered, Educational Respiratory Therapist, Registered, Emergency Care
	Psychologist, Psychoanalysis		Respiratory Therapist, Registered, General Care
	Psychologist, Psychotherapy		Respiratory Therapist, Registered, Geriatric Care
	Psychologist, Psychotherapy, Group		Respiratory Therapist, Registered, Home Health
	Psychologist, Rehabilitation Psychologist, School		Respiratory Therapist, Registered, Neonatal/Pediatrics Respiratory Therapist, Registered, Palliative/Hospice
	Psychologist, Women		Respiratory Therapist, Registered, Patient Transport
672	Registered Nurse	638	Respiratory Therapist, Registered, Pulmonary Diagnostics
	Registered Nurse, Addiction (Substance Use Disorder)		Respiratory Therapist, Registered, Pulmonary Function Technologist
	Registered Nurse, Administrator Registered Nurse, Ambulatory Care		Respiratory Therapist, Registered, Pulmonary Rehabilitation Respiratory Therapist, Registered, SNF/Subacute Care
	Registered Nurse, Cardiac Rehabilitation		Social Worker, Clinical
	Registered Nurse, Case Management		Specialist/Technologist, Other, Biomedical Engineering
	Registered Nurse, College Health		Speech-Language Pathologist
	Registered Nurse, Continuous Care		Technician, Other, Biomedical Engineering
000	Registered Nurse, Continence Care	502	Other, Not Listed

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 Orthopaedic Surgery
- 057 American Board of Otolaryngology
- 058 American Board of Pathology
- 059 American Board of Pediatrics
- 060 American Board of Physical Medicine & Rehabilitation
- 061 American Board of Plastic Surgery
- 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 121
- American Osteopathic Board of Internal Medicine 123
- 124 American Osteopathic Board of Neurology and Psychiatry
- 125 American Osteopathic Board of Neuromuskuloskeletal Medicine
- American Osteopathic Board of Nuclear Medicine
- American Osteopathic Board of Obstetrics and Gynecology 127
- American Osteopathic Board of Ophthalmology and Otolaryngology
- 129 American Osteopathic Board of Orthopedic Surgery
- 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
- 135 American Osteopathic Board of Rehabilitation Medicine
- American Osteopathic Board of Surgery 136

- 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