Provider Application

CORRECT NUMBERS AND LETTERS	B C 1	2 3	CORRECT X	INCORRE MARKS	ECT 🗲	/•	COM	MON ABBRE	VIATIONS, A		E FORMATTING, ATCHING. PLEA HELP DESK.		
Instructions Read all instructions carefully prior to submitting your application.	1. Complet 2. Use a bl 3. Print leg 4. Do not e 5. Complet 6. Some fie	lue or black in gibly and insid enter more that te all sections elds use "cod	lelays oplication and oblication and oblication and oblication and oblication and oblication oblica	en only. Do rovided ba per box. cable to you u easily rep	o not use sed upor If necess ou. port infor	a pend the exary, wr mation	cil or a fe camples ite outsic (e.g., sc	elt-tip pen. given abo de the prov hools, lang	ve. vided spac guages). C	es. Code lists are	found on pag	•	
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SECTION 1	Personal		on and Pro		al IDs								
Provider Type			und on page 36. E ligit code in the s			YES	NO	(E.G. PATHO	DLOGISTS, A	NESTHESIOLOG	IN THE INPATIEN GISTS, ER PHYSI CIAN ASSISTAN	ICIANS, N	
Name													
Do not use nicknames or initials, unless they	LAST NAME*											SUFFIX (JF	R, III)
are part of your legal name.													
	FIRST NAME*							MIDDLE NAMI	 E				
	HAVE YOU EVE	R USED ANOTHE	ER NAME?*	YES	NO	IF Y				IES USED AND	THEIR DATES O	F USE BE	LOW.
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_	DATE STARTED	USING OTHER NA	WIE .	DATE	STOPPED	USING UI	HER NAME	<u> </u>					
General													
Information	GENDER*	MALE	FEMALE		DATE	OF BIRT	'H* M	MDD	DY	YYY			
Only enter a Foreign National Identification													
Number if you do not have a SSN. Do not													
enter National Provider Identification (NPI)	CITY OF BIRTH									STATE OF BIRTH	COUNTRY O)F	
Number here.	SSN*	_	-										
Code lists are found on pages 36-43. Enter the					FOR	EIGN NAT	TIONAL IDE	NTIFICATION	NUMBER (FNI	N)	FNIN COU	NTRY OF IS	SSUE
associated 3-digit code in the space provided.	ENTER ALL NON-												
	LANGUAGES YOU	U SPEAK	LANGUAGE O	CODE	ANGUAGE C	ODF	LANGUA	GE CODE	LANGUA	SE CODE I	ANGUAGE CODE		
Home Address													
	NUMBER		STREET								APT NUMBE	.R	
	CITY									STATE	ZIP CODE		
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	TELEPHONE												
NOTE: CAQH will use													
this method for application follow-up.	E-MAIL												
•	FAX						PREFERR	RED METHOD	OF CONTAC	CT* E-M/	AIL FA	λX	
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	* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REC	QUIRE FOLLOW-UP.
Section 1	Personal Information and Professional IDs (Continu	ued)
Professional IDS Include all state licenses, DEA Registration and State Controlled Dangerous Substance (CDS)	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.	CDS CERTIFICATE NUMBER	M M D D Y Y Y Y CDS ISSUE DATE M M D D Y Y Y Y
Non-licensed professionals should enter certification/ registration number in the space provided for license number. If you have additional Professional IDs to	STATE LICENSE NUMBER IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE? NO	CDS EXPIRATION DATE M M D D Y Y Y Y LICENSE ISSUING STATE LICENSE ISSUE DATE LICENSE EXPIRATION DATE
report, use the Professional IDs Supplemental Form on page 19.	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided. LICENSE STATUS CODE LICENSE TYPE STATE LICENSE NUMBER IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE? NO	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided. M M D D Y Y Y Y Y
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided. LICENSE STATUS CODE LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.
Other ID Numbers If you have additional Professional IDs to report, use the Professional IDs Supplemental Form on page 19.	ARE YOU A PART- ICIPATING MEDICARE PROVIDER?* MEDICARE NUMBER ARE YOU A PART- ICIPATING MEDICAID PROVIDER?* NO MEDICAID NUMBER NATIONAL PROVIDER IDENTIFICATION (NPI) NUMBER WORKERS COMPENSATION NUMBER	UPIN MEDICAID STATE THOUT HYPHENS)
	ECFMG NUMBER (NON-U.S./CANADIAN GRADUATE ONLY) ECF	M D D Y Y Y Y FMG CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)

Section 2	Education and Training
Indergraduate	
School(s)	UNDERGRADUATE SCHOOL
rovide the appropriate	
formation for the chool that issued your	OFFICIAL NAME OF UNDERGRADUATE SCHOOL
ndergraduate degree nd all schools	
ttended.	ADDRESS
	CITY STATE ZIP/POSTAL CODE
Professional 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	DID YOU COMPLETE YOUR
lease complete the bllowing sections: U.S.	UNDERGRADUATE EDUCATION AT THIS SCHOOL?
school that issued your	
ertificate, the Non-U.S. school where you	GRADUATE TYPE*:
ttended, and the Fifth athway institution	U.S. OR CANADIAN GRADUATE NON-U.S./CANADIAN GRADUATE FIFTH PATHWAY GRADUATE
here you completed our training on	U.S. OR CANADIAN GRADUATE
Supplemental Page 20.	U.S. OR CANADIAN SCHOOL
Code lists are found on ages 36-43. Enter the	SCHOOL CODE (U.S./ CANADIAN ONLY) NAME OF U.S./ CANADIAN SCHOOL:
ssociated 3-digit code the space provided.	MMYYYY
you have additional Indergraduate or	START DATE* END DATE (GRADUATION DATE)* DEGREE AWARDED
Professional Schools to eport, use the ducation Supplemental	DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL? YES NO
orm 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

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

Section 4	Practic	e Loca	tion In	format	ion																		
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* 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 STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER PRACTITIONER LAST NAME PRACTITIONER FIRST NAME M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP) PRACTITIONER STATE PRACTITIONER LICENSE / CERTIFICATE NUMBER

on 4	Practice Lo	cation	Inforn	nation (Conti	nued)													
uages	LANGUAGES																		
ts are found on	NON-ENGLISH LANG SPOKEN BY OFFICE																		
7. Enter the				NGUAGE CODE	LANGUA	GE C	ODE	LANGUA	GE CODE	LA	NGUAG	E CODE		LANG	UAGE	CODE			
ed 3-digit code ace provided.	INTERPRETERS	YES	NO	LANGUAGES		П													
	AVAILABLE?*]	INTERPRETED	LANGU	AGE C	ODE	LANGU	AGE CODE	LAN	NGUAGE	E CODE	<u> </u>	LANG	UAGE	CODE			
ssibilities	DOES THIS OFFICE N	IFFT ADA AC	CESSIBII	ITY REQUIREMENTS?	*	YES	NO												
	DOES THIS SITE OFF			DOES TH							^	CCESS	IRIER	v			YES		N
	ACCESS FOR THE FO			SERVICE					YES	NO				PORTA	TION?	*		` _	"
	BUILDING?*	YES	NO	TEX	TELEPI	HONY (TTY)*		YES	NO			BUS*				YES	S	ı
	PARKING?*	YES	NO	AME	RICAN S	IGN LA	NGUAGE		YES	NO			SUBW	/AY*			YES	s	,
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	RESTROOM?*	YES	NO		TAL/PHY	SICAL	IMPAIRMI	NT	YES	NO			REGIO	ONAL T	RAIN*		YES	s	_
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ces	Door this leastion	nanda an	of the	fallawing consissor	<u> </u>														
Les	-	provide ai	y or trie	following services? IF YES, PROVIDE		ITING/													
	LABORATORY SERVICES?	YES	NO	CERTIFYING PRO (E.G., CLIA, COLA	GRAM														
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE : CERTIFICATION T															
	EKGS?	YES	NO	ALLERGY INJECTIONS?	Y	ES	NO		ERGY SKIN		YES	N	o	GYNE	COLO			YES	
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE		ES	NO		(IBLE	Y?	YES	N	o	TYMF Y/ AU	VIC/PA PANON IDIOMI	METR ETRY		YES	
	ASTHMA TREATMENT?	YES	NO	IMMUNIZATIONS? OSTEOPATHIC MANIPULATION?		ES	NO	IV H	YDRATION/ ATMENT?		YES	N	o	CARI	ENIN DIAC ESS TE			YES	Ī
	PULMONARY FUNCTION TESTING?	YES	NO	PHYSICAL THERAPY?	Y	ES	NO	CAF	E OF MINOF		YES	N	0	OTAL	.00 11	.011			
	TESTING?																		
	IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?	YES	NO	IF YES, WHAT CLASS/CATEGOR DO YOU USE?	Y														
	IF YES, WHO ADMINISTERS IT?] [1
		AST NAME									FIRST N	AME]
	TYPE OF PRACTICE		7																
	(SELECT ONE ONLY)		SOLOI	PRACTICE		SINGL	E SPECIA	LTY GRO	DUP		MULTI-S	PECIA	LTY GI	ROUP					
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	ADDITIONAL OFFICE	PROCEDUR	ES PROVI	DED (INCLUDING SUF	RGICAL F	ROCE	DURES)												
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* 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 LAST NAME SPECIALTY CODE 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 LAST NAME COVERING 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 ZIP CODE STATE **TELEPHONE** DEPARTMENT NAME DEPARTMENT DIRECTOR'S LAST NAME DEPARTMENT DIRECTOR'S FIRST NAME M.I. FULL, UNRESTRICTED PRIVILEGES? ARE PRIVILEGES TEMPORARY? YES YES NO 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

ı	* REQUIRED RESPONSE. NO RESPONSE.	SE MAY CAUSE	PROCESSI	ING DELAYS AN	ID REQUIRE FO	LLOW-UP.			I
Section 6	Professional Liability I	nsurance	Carrie	r					
Professional Liability								SELF-INSURED?*	YES
Insurance Carrier	CARRIER OR SELF-INSURED NAME*								
IMPORTANT IF YOU DO NOT CARRY	NUMBER* STR	EET*						SUITE/BUILDING	3
MALPRACTICE INSURANCE, CHECK THIS BOX AND SKIP	CITY*						STAT	E* ZIP CODE*	
THIS SECTION.	ORIGINAL EFFECTIVE DATE*	M M SEFFECTIVE DA	Y Y	Y	M M Y	YYY	TYPE OF COVERA		SHARED
	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?*	YES	NO	\$, I III III III III		\$		
	POLICY INCLUDES TAIL COVERAGE?	YES	NO	AMOUNT OF	COVERAGE PE	R OCCURRENCE	E AMOUN	T OF COVERAGE AGGREGA	TE
Professional	POLICY NUMBER*							SELF-INSURED?	YES
Liability	CARRIER OR SELF-INSURED NAME								
Insurance Carrier									
List other current,	NUMBER* STR	EET*						SUITE/BUILDING	 }
future, or previous carrier(s) if current									
carrier is less than ten									
(10) years.	CITY*						STAT		
NOTE: A longer period may be required by your healthcare entity.	ORIGINAL EFFECTIVE DATE*	EFFECTIVE DA	Y Y	YY	EXPIRATION DA	TE	TYPE OF COVERA		SHARED
If you have additional Insurance, use the	DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?	YES	NO	\$ AMOUNT OF	COVERAGE PE	ROCCURRENCE	\$ AMOUN	T OF COVERAGE AGGREGA	TE
Supplemental Insurance Form on page 31.	POLICY INCLUDES TAIL COVERAGE?	YES	NO	700.11. 0.			7		
	POLICY NUMBER*								
Section 7	Work History and Refe	rences							
Military Duty	Are you currently on active military duty or military reserve?*	YES	NO						
Work History	WORK HISTORY								
Include a chronological work history for the past 10 years.	PRACTICE / EMPLOYER NAME								
A longer period may be required by your healthcare entity.	NUMBER STF	REET						SUITE/BUILDING	G
If you have additional work history, use the Supplemental Work History Form on page 32.	CITY				STA	ATE	ZIP/POSTAL CODE	:	
L				3089					

* 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 32. PRACTICE / EMPLOYER NAME NUMBER STREET SUITE/BUILDING CITY STATE ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE **END DATE** REASON FOR DEPARTURE (IF APPLICABLE) WORK HISTORY PRACTICE / EMPLOYER NAME SUITE/BUILDING NUMBER STREET CITY ZIP/POSTAL CODE TELEPHONE COUNTRY CODE START DATE REASON FOR DEPARTURE (IF APPLICABLE)

	Work His	tory	and F	Refe	renc	es (C	Conti	nue	d)															
ıl /	PLEASE EXPLAIN LONGER THAN T									RY TH	AT HAV JIRED I	E OC	CCURR HE OR	ED SIN	CE GI	RADU. FOR I	ATION WHICH	FROM I YOU	I PRO ARE I	FESSIO BEING	ONAL S	CHOO	L AND ED.	ARE
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	TELEPHONE								FAX															

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 8 **Disclosure Questions Disclosure** LICENSURE Questions Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, YES denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any con-Answer all questions. ditions or limitations by any state or professional licensing, registration or certification board?* For any "Yes" response, provide an YES NO Has there been any challenge to your licensure, registration or certification?* explanation on the Supplemental Disclosure Question HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS Explanation Form on Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever page 34. been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for YES reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, Allied Health or governing board?* **Providers** YES NO Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?* If you are an Allied Health Provider and you do not believe a Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action. YES question is applicable by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?* to you, you should answer the question **EDUCATION, TRAINING AND BOARD CERTIFICATION** "NO". Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, resi-YES dency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?* NO Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status YES as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?* YES NO Have any of your board certifications or eligibility ever been revoked?* 8. 9. YES NO Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?* DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been chal-10. YES lenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?* MEDICARE, MEDICAID OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or other-YES wise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?* OTHER SANCTIONS OR INVESTIGATIONS Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, educa-12. YES tion or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct? To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare 13 YES Integrity and Protection Data Bank?* Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, 14. YES NO OSHA, etc.)?* Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or 15. YES NO resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or 16. YES agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?* PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your 17 YES individual liability history?* Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance 18 YES carrier, based on your individual liability history?*

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

25.

26.

YES

YES

accommodation?

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

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

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

Standard Authorization, Attestation and Release

(Not for Use for Employment Purposes)

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

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

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

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

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

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

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

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

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;	LICENSE ISSUING STATE LICENSE ISSUE DATE LICENSE EXPIRATION DATE Code list is found on page 36:
	use license status codes. Enter 3-digit code in space provided. LICENSE STATUS CODE LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.
	STATE LICENSE NUMBER IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE? NO	LICENSE ISSUING STATE MMDDYYYYY LICENSE ISSUE DATE LICENSE EXPIRATION DATE
	Code list is found on page 36; use license status codes. Enter 3-digit code in space provided. LICENSE STATUS CODE LICENSE TYPE	Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.

Other Relevant Education Supplemental Form

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

Section 2	Education and Training
Fifth Pathway Education	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 YES NO MM M Y Y Y Y Y
	EDUCATION AT THIS SCHOOL? START DATE END DATE (GRADUATION DATE)
Other Relevant	
Education	
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
If you need to report additional Education,	
photocopy this page as needed and submit as	NUMBER STREET SUITE/BUILDING
instructed.	
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	M M Y Y Y M M Y Y Y Y
	COUNTRY CODE START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
	DID YOU COMPLETE YOUR FINANCIAL THE SCHOOL S YES NO
	EDUCATION AT THIS SCHOOL?
	INSTITUTION/SCHOOL ISSUING DEGREE (DO NOT ABBREVIATE)
	NUMBER STREET SUITE/BUILDING
	CITY STATE ZIP/POSTAL CODE
	TELEPHONE FAX
	COUNTRY CODE START DATE END DATE (GRADUATION DATE) DEGREE AWARDED
	DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL? YES NO
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Other Training Supplemental Form

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

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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.

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Partners/Associates Supplemental Form

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

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

Section 4	Practice Loca	ation Informa	ation - Pa	ge 1 of	5									
Additional Practice	→ LOCATION	ı* #												
Location	CURRENTLY PRACTICING AT THIS ADDRESS?*	YES NO	IF NO, WHA YOUR EXPE START DAT	CTED V	M D	DY	YY	Υ						
IMPORTANT —														
In the box provided, indicate to which practice location this page belongs.	PHYSICIAN GROUP / PR	RACTICE NAME TO AP	PEAR IN DIRECT	ORY (DO NOT	ABBREVIA	ATE)*								
For example, if you practice at three locations, the primary	GROUP / CORPORATE N	NAME AS IT APPEARS	ON W-9, IF DIFF	ERENT FROM	I ABOVE (D	O NOT ABE	BREVIATE)							
location is reported in the main application	NUMBER*	STREET*										SUITE/BUIL	DING	
and remaining locations would be reported on	CITY*									STATE*		ZIP CODE*		
Supplemental Forms as Location 2 and Location 3.	SEND GENERAL CORRESPON- DENCE HERE?*	YES NO	TELEPHONE*	-				FAX		-		-		
TIP Your Individual Tax ID is assumed to be your Primary Tax ID	OFFICE E-MAIL ADDRES	SS							PRIMA	IRY	IISE	NDIVIDUAL	USE GR	201
unless you specify otherwise to the right.	INDIVIDUAL TAX ID			GROUP TAX II	D	_			(ONE		TAX		TAX ID	
Office Manager or Business														
Office Contact	LAST NAME*													
List each contact separately. You may use the check boxes	FIRST NAME*									<u> </u>			M.I	I.
below for convenience. Do not write instructions like "see above". These	TELEPHONE*			FAX		-								
responses will be rejected and will require follow-up.	E-MAIL ADDRESS													
Billing Contact														_
CHECK HERE TO USE OFFICE MANAGER AND	LAST NAME*													
OFFICE ADDRESS AS BILLING	FIRST NAME*												M.I	
INFORMATION	NUMBER*	STREET'										SUITE/BUIL	DING	
											1			
NOTE:	CITY*									STATE*		ZIP CODE*		
Even if you checked the boxes above,	TELEPHONE*			FAX										
please provide the e-mail address of the Billing Contact, if available.														
	E-MAIL ADDRESS			3	100								ı	

* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP. Section 4 Practice Location Information - Page 2 of 5 **Add'I Practice** LOCATION* # Location (Cont.) Payment and ELECTRONIC YES NO BILLING Remittance CAPABILITIES? BILLING DEPARTMENT (IF HOSPITAL-BASED) YOUR "CHECK PAYABLE TO" INFORMATION SHOULD BE CONSISTENT WITH YOUR W-9. CHECK PAYABLE TO CHECK HERE TO **USE OFFICE** LAST NAME* MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION FIRST NAME NUMBER SUITE/BUILDING NOTE: Even if you checked CITY* STATE* ZIP CODE* the boxes above, please provide the E-mail Address. TELEPHONE* Department Name. Electronic Billing and Check Payable To, if applicable. F-MAIL ADDRESS (USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR) Office Hours A=AM P=PM A=AM A=AM A=AM START END START END 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 VOICE MAIL WITH OTHER ANSWERING circumstances. YES NO ANSWERING SERVICE INSTRUCTIONS **Open Practice** ACCEPT NEW PATIENTS INTO THIS PRACTICE?* YES 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 NO ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?* ACCEPT NEW MEDICAID PATIENTS? 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 AGE

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

Section 4	Practice Location Information - Page 3 of 5	
Additional Practice	LOCATION* #	
Location (Continued)	DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?*	10
IMPORTANT ———In the box provided, indicate to which	(IF YES, PLEASE PROVIDE THE INFORMATION BELOW)	
practice location this page belongs.		
	PRACTITIONER LAST NAME	
Mid-Level	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP)
Practitioners		
	PRACTITIONER LICENSE / CERTIFICATE NUMBER PF	RACTITIONER STATE
	PRACTITIONER LAST NAME	
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA,
		CNP, NP)
	DRANTINING LIGHTING CONTINUES AND MARKET	RACTITIONER STATE
	PRACTITIONER LICENSE / CERTIFICATE NUMBER PF	
	PRACTITIONER LAST NAME	
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		M.I. PRACTITIONER TYPE (E.G., PA, CNP, NP)
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	PRACTITIONER LICENSE / CERTIFICATE NUMBER PF	RACIIIONER STATE
	PRACTITIONER LAST NAME	
	PRACTITIONER FIRST NAME	M.I. PRACTITIONER TYPE (E.G., PA,
		CNP, NP)
	DEACHTRONIC LOCKING LOCKING AND MINES	RACTITIONER STATE
	PRACTITIONER LICENSE / CERTIFICATE NUMBER	NAVIII OREN STATE

* 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**

Practice	LOCATIO)N^ #																	
Location	LANGUAGES																		
(Continued)	NON-ENGLISH LAN																		
IMPORTANT —	SPOKEN BY OFFICE	E PERSONNE		IGUAGE CODE	LANGUAG	E CODE		ICHAC	E CODE	L	ANGUA	CE 00	DE	LANG	LIACE	CODE			
In the box provided,			LAF		LANGUAG	E CODE	LAN	IGUAG	E CODE	L	ANGUA	JE CO	DE	LANG	UAGE	JODE			
indicate to which practice location this	INTERPRETERS AVAILABLE?*	YES	NO	LANGUAGES INTERPRETED															
page belongs.					LANGUAG	E CODE	LA	NGUA	GE CODE	LA	NGUAG	E COI	DE	LANG	UAGE (CODE			
Accessibilities	DOES THIS OFFICE	MEET ADA &	ACCESSIBIL	TY REQUIREMENTS	?* YE	s	NO										_		
	DOES THIS SITE OF ACCESS FOR THE F		CAPPED		HIS SITE OF ES FOR THE				YES	NO			SSIBLE I		ATION?*		YES		NO
	BUILDING?*	YES	NO	TEX	T TELEPHO	NY (TTY)	•		YES	NO			BUS*				YES		NO
	PARKING?*	YES	NO	АМЕ	ERICAN SIG	N LANG	JAGE*		YES	NO			SUBV	VAY*			YES		NO
	RESTROOM?*	YES	NO		NTAL/PHYSIC	CAL IMPA	AIRMENT		YES	NO			REGI	ONAL T	RAIN*		YES		NO
	OTHER HANDICAPE	PED ACCESS	5	OTHE	R DISABILIT	Y SERVI	CES					ОТНЕ	R TRAN	SPORT	ATION A	ACCESS	,		<u></u>
Services	Does this location	n provide a	any of the	following services	?														
	LABORATORY SERVICES?	YES	NO	IF YES, PROVIDE CERTIFYING PRO (E.G., CLIA, COLA	GRAM	NG/													
	RADIOLOGY SERVICES?	YES	NO	IF YES, PROVIDE CERTIFICATION 1															
	EKGS?	YES	NO	ALLERGY INJECTIONS?	YES	3		ALLER TESTII	RGY SKIN NG?		YES		NO	GYN	TINE OI ECOLO	GY	ı	YES	
	DRAWING BLOOD?	YES	NO	AGE APPROPRIATE IMMUNIZATIONS	YES	3		FLEXI	BLE DIDOSCOF	Y?	YES		NO	Y/ Al	PANOM JDIOME EENING	TRY	١	YES	
	ASTHMA TREATMENT?	YES	NO	OSTEOPATHIC MANIPULATION?	YES	3			DRATION/ IMENT?		YES		NO	CAR STRI	DIAC ESS TES	ST?	١	YES	
	PULMONARY FUNCTION TESTING?	YES	NO	PHYSICAL THERAPY?	YES	s			OF MINO RATIONS		YES		NO						
	IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?	YES	NO	IF YES, WHAT CLASS/CATEGOR DO YOU USE?	RY														
	IF YES, WHO																		
	ADMINISTERS IT?																		
		LAST NAME									FIRST	NAME							
	TYPE OF PRACTICE (SELECT ONE ONLY		SOLO F	PRACTICE	SI	NGLE SF	PECIALTY	GROU	Р		MULTI	-SPEC	IALTY G	ROUP					
	ADDITIONAL OFFIC	E PROCEDL	IRES PROVI	DED (INCLUDING SU	RGICAL PRO	OCEDUR	ES)												
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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 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		ADECIAL TV CODE
Partner/Associate Supplemental Form on	LAST NAME	SPECIALTY CODE COVERING COLLEAGU (Y/N)?
page 23. Photocopy as necessary. Be certain		PROVIDER TYPE (CODE PG 36)
to indicate the Practice Location Number at the	FIRST NAME M.I.	PROVIDER TIPE (CODE PG 30)
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)
necessary. Be certain to indicate the Practice		
Location Number at the top of the page.		
	LAST NAME	SPECIALTY CODE
	FIRST NAME M.I.	PROVIDER TYPE (CODE PG 36)
	LAST NAME	SPECIALTY CODE
	FIRST NAME M.I.	PROVIDER TYPE (CODE PG 36)
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Hospital Privileges (Current) Supplemental Form

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

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Professional Liability Insurance Carrier Supplemental Form

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

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

Section 7	Wo	rk l	Hist	ory	,																								
Work History	wo	RK H	IISTO	RY																									
Use this form to																													
continue listing work history.	PRAC	CTICE	/ EMPI	LOYE	RNAM	E																							_
If you need additional																													
space for Work History, photocopy this page as	NUMI	BER					STRE	ET																	SUIT	re/BUIL	DING		
needed and submit as instructed.																													
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Professional Training / Work History Gaps Supplemental Form

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

Section 7	Profession	onal Training / Work Histo	tory Gaps	
Professional Fraining /	GAP START DATE	M M Y Y Y	GAP END DATE M M Y Y Y	
Work History Gaps				
Please explain any ime periods or gaps in raining or work history hat have occurred ince graduation from professional school				
and are longer than hree month in duration or of a shorter duration frequired by the	GAP START DATE		GAP END DATE MM Y Y Y	
organization for which you are being oredentialed.]
]
	GAP START DATE		GAP END DATE M M Y Y Y	
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	GAP START DATE		GAP END DATE M M Y Y Y	
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	GAP START DATE	= M M Y Y Y	GAP END DATE M 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.

Section 8	Ma	Ipra	ctic	ce C	Clai	ms	Exp	olan	atio	n													<u> </u>						
Malpractice Claims Explanation	DATE	OF JRRENC	E*	M	M	D	D	Υ	Υ	Υ	Υ				ATE CL		M	М	D	D	Υ	Υ	Υ	Υ					
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Use this form to report any "Yes" response to Disclosure Question #19.		OPEN			CLO	SED						IF S			NTER D		M	М	D	D	Υ	Υ	Υ	Υ					
If you need additional space to explain a Yes	Щ	Щ																											
response, photocopy this page as needed and submit as	PROF	ESSION	AL L	IABILI	ITY CA	ARRIEI	R INVO	DLVED	* (USE	вотн	LINES	IF NE	CESS	ARY)															
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	\$		METHOD OF RESOLUTION?*					DISMISSED					SETTLED				MEDI	ATION	N ARBITRATIO			ON							
	АМ	AMOUNT OF AWARD OR SETTLEMENT*												JUDGMENT FOR DEFENDANT(S)					JUDGMENT FOR PLAINTIFF(S)										
	DESCRIPTION OF ALLEGATIONS* (USE ALL FOUR LINES BELOW, IF NECESSARY)																												
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	WERE YOU THE PRIMARY DEFENDANT OR CO-DEFENDANT?*						PRIMARY DEFENDANT				CO-DEFENI			NDANT				NUMBER OF OTHEI CO-DEFENDANTS (I											
	YOUR INVOLVEMENT IN CASE* (ATTENDING, CONSULTING, ETC) DESCRIPTION OF ALLEGED INJURY TO THE PATIENT (USE ALL FOUR LINES BELOW, IF NECESSARY)																												
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ī	RESULT IN DEATH?													NO															
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Provider Type Codes

Medical Doctor (MD)

002 Doctor of Dental Surgery (DDS)

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 Audiologist 022

023 Biofeedback Technician

024 Certified Registered Nurse

Anesthetist

025 Christian Science Practitioner

Clinical Nurse Specialist 026

027 Clinical Psychologist

028 Clinical Social Worker

Dietician 029

030 Licensed Practical Nurse 031 Marriage/Family Therapist

032 Massage Therapist 033 Naturopath

034 Neuropsychologist Midwife

Nurse Midwife 036 Nurse Practitioner 037

038 Nutritionist

039 Occupational Therapist

Optician

041 Optometrist

042 Pharmacist

Physical Therapist 043 044 Physician Assistant

045 Professional Counselor

Registered Nurse

Registered Nurse First Assistant

Respiratory Therapist 048

049 Speech Pathologist

License Status Codes

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

017 Time Limited 018 Unrestricted

Other

Country Codes

004 Afghanistan 800 Albania 012 Algeria American Samoa 016 020 Andorra 024 Angola 660 Anguilla 010 Antarctica 028 Antigua and Barbuda 032 Argentina Armenia Aruba

051 533 036 Australia 040 Austria 031 Azerbaijan Bahamas 044 048 Bahrain 050 Bangladesh 052 Barbados 112 Belarus 056 Belgium

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

Bouvet Island 074 076 Brazil 086 British Indian Ocean Territory 096 Brunei Darussalam Bulgaria 100 Burkina Faso 854 Burundi 108 116 Cambodia 120 Cameroon

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

Christmas Island 162 166 Cocos (Keeling) Islands 170 Colombia

174 Comoros 178 Congo

Congo, Democratic Republic of the

180 184 Cook Islands 188 Costa Rica 384 Cote d'Ivoire 191 Croatia 192 Cuba 196 Cyprus 203 208 Denmark

262 Diibouti 212 Dominica 214 Dominican Republic 626 East Timor (provisional) 218 Ecuador

818 Egypt 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 249 France, Metropolitan 254 French Guiana French Polynesia 258

French Southern Territories

266 Gabon 270 Gambia 268 Georgia 276 Germany 288 Ghana 292 Gibraltar

300 Greece 304 Greenland 308 Grenada 312 Guadaloupe 316 Guam Guatemala 324 Guinea Guinea-Bissau 624 328 Guyana

332 Haiti Heard Island and McDonald

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

372 Ireland 376 Israel 380 Italy 388 Jamaica 392 Japan Jordan 400 398 Kazakhstan 404 Kenya

296 Kiribati 408 Korea, North 410 Korea, South 414 Kuwait 417 Kyrgyzstan 418 Laos 428 Latvia

Lebanon 426 Lesotho 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 Nepal 524 Netherlands 528 Netherlands Antilles 530 New Caledonia 540 554 New Zealand 558 Nicaragua 562 Niger Nigeria 566

Norfolk Island 574 580 Northern Mariana Islands

578 Norway 512 Oman 586 Pakistan Palau 585 591 Panama Papua New Guinea

570 Niue

600 Paraguay Peru 604 Philippines 608 Pitcairn 612 616 Poland 620 Portugal Puerto Rico 630 Qatar 634 638 Réunion 642 Romania

Russian Federation Rwanda Saint Helena 654 659 Saint Kitts and Nevis

662 Saint Lucia Saint Pierre and Miguelon Saint Vincent and the

Grenadines

Country Codes (continued)

882 Samoa Sandwich Islands 772 Tokelau 548 Vanuatu 674 San Marino 724 Spain 776 Tonga 336 Vatican City State (Holy See) 678 São Tomé and Príncipe 144 Sri Lanka 780 Trinidad and Tobago Venezuela 682 Saudi Arabia 736 Sudan 788 704 Viet Nam Tunisia Turkey795 Scotland 740 Suriname Turkmenistan Virgin Islands, British 683 792 092 Svalbard and Jan Mayen Turks and Caicos Islands 686 Senegal 744 796 850 Virgin Islands, U.S. 690 Seychelles 748 Swaziland 798 Tuvalu 876 Wallis and Fortuna Islands 694 Sierra Leone 752 Sweden 800 Uganda Western Sahara (provisional) 702 Singapore 756 Switzerland 804 Ukraine 887 Yemen Slovakia 760 Syria 784 United Arab Emirates 891 Yugoslavia 703 Zambia 705 Slovenia 158 Taiwan 826 United Kingdom 894 Tajikistan 090 Solomon Islands 762 840 United States 716 Zimbabwe 706 Somalia 834 Tanzania 581 U.S. Minor Outlying Islands 710 South Africa 764 Thailand 858 Uruguay 239 South Georgia and the South Uzbekistan 768 Togo 860

Language Codes

Japanese

Javanese

Kannada

Kashmiri

Kazakh

057

058

059

060

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

116 Tatar

117

118 Thai

119

120

Telugu

Tibetan

Tigrinya

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

lowa

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

054 University of Minnesota Medical School, Twin Cities

326 University of Minnesota School of Dentistry

Missouri

410 Cleveland Chiropractic College of Kansas City

509 Kirksville College of Osteopathic Medicine

411 Logan Chiropractic College

055 Saint Louis University School of Medicine

510 University of Health Sciences, College of Osteopathic Medicine

056 University of Missouri, Columbia School of Medicine

327 University of Missouri Kansas City School of Dentistry

University of Missouri Kansas City School of MedicineWashington University in St. Louis School of Medicine

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

Mississipp

- 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

- 091 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 Medicine
- 341 Temple University School of Dentistry
- 195 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 Medicine
- 097 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 School
 University of Texas Medical Branch at Galveston
- 112 University of Texas Medical Branch at Galveston113 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 128
- 129 McMaster University School of Medicine
- 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
- 136 University of British Columbia Faculty of Medicine
- 137 University of Calgary Faculty of Medicine
- University of Manitoba Faculty of Dentistry 360
- 138 University of Manitoba Faculty of Medicine
- University of Montreal Faculty of Dentistry 361
- 139 University of Ottawa Faculty of Medicine
- 362 University of Saskatchewan College of Dentistry
- 140 University of Saskatchewan College of Medicine
- 363 University of Toronto Faculty of Dentistry
- 141 University of Toronto Faculty of Medicine
- University of Western Ontario Faculty of Dentistry

Specialty Codes - MD / DO Only

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

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

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

- 416 Orthopaedic Surgery, Orthopaedic Trauma
- 457 Orthopaedic Surgery, Sports Medicine
- 119 Orthopedic
- 331 Otolaryngology
- 458 Otolaryngology, Otolaryngic Allergy
- Otolaryngology, Otolaryngology/ Facial Plastic 459 Surgery
- Otolaryngology, Otology & Neurotology 332
- 357 Otolaryngology, Pediatric Otolaryngology
- Otolaryngology, Plastic Surgery within the Head & Neck
- 480 Pain Medicine, Interventional Pain Medicine
- 337 Pain Medicine
- 338 Pathology, Anatomic Pathology
- Pathology, Anatomic Pathology & Clinical Pathology
- Pathology, Blood Banking & Transfusion 250 Medicine
- Pathology, Chemical Pathology 344
- 302 Pathology, Clinical
- Pathology/Laboratory Medicine
- Pathology, Cytopathology 262
- Pathology, Dermatopathology 265
- 273 Pathology, Forensic Pathology
- 290 Pathology, Hematology
- 298 Pathology, Immunopathology
- Pathology, Medical Microbiology 305
- 461 Pathology, Molecular Genetic
- Pathology
- 312 Pathology, Neuropathology 358 Pathology, Pediatric Pathology
- 244 Pediatrics
- 239 Pediatrics. Adolescent Medicine
- Pediatrics, Clinical & Laboratory Immunology
- Pediatrics, Developmental -462 Behavioral Pediatrics
- Pediatrics, Medical Toxicology
- Pediatrics, Neurodevelopmental 356 Disabilities
- Pediatrics, Pediatric Allergy & Immunology
- Pediatrics, Pediatric Cardiology
- 347 Pediatrics. Pediatric Critical Care Medicine
- 463 Pediatrics, Pediatric Emergency Medicine
- Pediatrics, Pediatric Endocrinology

Specialty Codes - MD/DO Only

Spec	ialty Codes - MD/DO Only				
350	Pediatrics, Pediatric	471	Preventive Medicine, Sports	200	Neurology
054	Gastroenterology	404	Medicine	366	Public Health & General Preventive
351	Pediatrics, Pediatric Hematology-	431	Preventive Medicine, Undersea		Medicine
	Oncology		and Hyperbaric Medicine	252	Radiology, Body Imaging
352	Pediatrics, Pediatric Infectious	114	Preventive Medicine/Occupational	173	Radiology, Diagnostic Radiology
	Diseases		Environmental Medicine	430	Radiology, Diagnostic Ultrasound
	Pediatrics, Pediatric Nephrology	370	Psychiatry & Neurology, Addiction	314	Radiology, Neuroradiology
359	Pediatrics, Pediatric Pulmonology		Medicine	319	Radiology, Nuclear Radiology
361	Pediatrics, Pediatric Rheumatology	473	Psychiatry & Neurology, Addiction	360	Radiology, Pediatric Radiology
398	Pediatrics, Sports Medicine		Psychiatry	380	Radiology, Radiation Oncology
365	Physical Medicine & Rehabilitation	371	Psychiatry & Neurology, Child &	477	Radiology, Radiological Physics
468	Physical Medicine & Rehabilitation,		Adolescent Psychiatry	381	Radiology, Therapeutic Radiology
	Pain Medicine	313	Psychiatry & Neurology, Clinical	384	Radiology, Vascular &
389	Physical Medicine & Rehabilitation,		Neurophysiology		Interventional Radiology
	Pediatric Rehabilitation Medicine	274	Psychiatry & Neurology, Forensic	434	Supplier
466	Physical Medicine & Rehabilitation,		Psychiatry	399	Surgery
	Spinal Cord Injury Medicine	373	Psychiatry & Neurology, Geriatric	418	Surgery, Pediatric Surgery
469	Physical Medicine & Rehabilitation,		Psychiatry	420	Surgery, Plastic and Reconstructive
	Sports Medicine	472	Psychiatry & Neurology,		Surgery
419	Plastic Surgery		Neurodevelopmental Disabilities	405	Surgery, Surgery of the Hand
470	Plastic Surgery, Plastic Surgery	100	Psychiatry & Neurology, Neurology	425	Surgery, Surgical Critical Care
	Within the Head and Neck	311	Psychiatry & Neurology, Neurology	413	Surgery, Surgical Oncology
407	Plastic Surgery, Surgery of the		with Special Qualifications in Child	423	Surgery, Trauma Surgery
	Hand		Neurology	400	Surgery, Vascular Surgery
242	Preventive Medicine, Aerospace	474	Psychiatry & Neurology, Pain	421	Thoracic Surgery (Cardiothoracic
	Medicine		Medicine		Vascular Surgery)
429	Preventive Medicine, Medical	368	Psychiatry & Neurology, Psychiatry	442	Transplant Surgery
	Toxicology	475	Psychiatry & Neurology, Sports	424	Urology
440			** " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		

Medicine

476 Psychiatry & Neurology, Vascular

Specialty Codes - DDS / DMD / DPM / DC

112 Preventive Medicine, Occupational

Medicine

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

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

Specialty Codes - Allied Providers

Dentist, Prosthodontics

UCC).

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

Specialty Codes - Allied Providers (continued)

Spe	ecialty Codes - Allied Providers (continued)		
660	Nurse Practitioner, Gerontology	675	Registered Nurse, Critical Care Medicine
	Nurse Practitioner, Neonatal		Registered Nurse, Diabetes Educator
	Nurse Practitioner, Neonatal, Critical Care		Registered Nurse, Dialysis, Peritoneal
	Nurse Practitioner, Obstetrics & Gynecology	684	, , ,
	Nurse Practitioner, Occupational Health Nurse Practitioner, Pediatrics		Registered Nurse, Enterostomal Therapy Registered Nurse, Flight
	Nurse Practitioner, Pediatrics, Critical Care	688	Registered Nurse, Gastroenterology
	Nurse Practitioner, Perinatal	687	Registered Nurse, General Practice
667	Nurse Practitioner, Primary Care	689	Registered Nurse, Gerontology
	Nurse Practitioner, Psych/Mental Health	691	Registered Nurse, Hemodialysis
	Nurse Practitioner, School Nurse Practitioner, Women's Health	690	g ,
	Nutritionist		Registered Nurse, Hospice Registered Nurse, Infection Control
	Nutritionist, Nutrition, Education		Registered Nurse, Infusion Therapy
	Occupational Therapist		Registered Nurse, Lactation Consultant
	Occupational Therapist, Ergonomics		Registered Nurse, Maternal Newborn
	Occupational Therapist, Hand	697	•
	Occupational Therapist, Human Factors Occupational Therapist, Neurorehabilitation	699 700	Registered Nurse, Neonatal Low Bisk
	Occupational Therapist, Pediatrics		Registered Nurse, Neonatal, Low-Risk Registered Nurse, Nephrology
	Occupational Therapist, Rehabilitation, Driver		Registered Nurse, Neuroscience
	Optician		Registered Nurse, Nurse Massage Therapist (NMT)
	Optometrist		Registered Nurse, Nutrition Support
	Optometrist, Corneal and Contact Management		Registered Nurse, Obstetric, High-Risk
	Optometrist, Low Vision Rehabilitation Optometrist, Occupational Vision	720 721	Registered Nurse, Obstetric, Inpatient Registered Nurse, Occupational Health
	Optometrist, Pediatrics		Registered Nurse, Oncology
	Optometrist, Sports Vision		Registered Nurse, Ophthalmic
570	Optometrist, Vision Therapy	724	Registered Nurse, Orthopedic
	Pharmacist		Registered Nurse, Ostomy Care
	Pharmacist, General Practice Pharmacist, Nuclear Pharmacy		Registered Nurse, Otorhinolaryngology & Head-Neck
	Pharmacist, Nutrition Support		Registered Nurse, Pain Management Registered Nurse, Pediatric Oncology
	Pharmacist, Pharmacotherapy		Registered Nurse, Pediatrics
	Pharmacist, Psychopharmacy		Registered Nurse, Perinatal
	Physical Therapist		Registered Nurse, Plastic Surgery
	Physical Therapist, Cardiopulmonary		Registered Nurse, Psych/Mental Health
	Physical Therapist, Electrophysiology, Clinical Physical Therapist, Ergonomics		Registered Nurse, Psych/Mental Health, Adult Registered Nurse, Psych/Mental Health, Child & Adolescent
	Physical Therapist, Ergonomics Physical Therapist, Geriatrics		Registered Nurse, Rehabilitation
	Physical Therapist, Hand		Registered Nurse, Reproductive Endocrinology/Infertility
586	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	620	Respiratory Therapist, Certified, Educational
	Physician Assistant, Surgical		Respiratory Therapist, Certified, Emergency Care
	Psychologist Psychologist Addiction (Substance Hea Diseases)		Respiratory Therapist, Certified, General Care
	Psychologist, Addiction (Substance Use Disorder) Psychologist, Adult Development & Aging		Respiratory Therapist, Certified, Geriatric Care Respiratory Therapist, Certified, Home Health
	Psychologist, Rehavioral		Respiratory Therapist, Certified, Neonatal/Pediatrics
	Psychologist, Child, Youth & Family		Respiratory Therapist, Certified, Palliative/Hospice
	Psychologist, Clinical		Respiratory Therapist, Certified, Patient Transport
	Psychologist, Counseling		Respiratory Therapist, Certified, Pulmonary Diagnostics
	Psychologist, Educational Psychologist, Exercise & Sports		Respiratory Therapist, Certified, Pulmonary Function Technologist Respiratory Therapist, Certified, Pulmonary Rehabilitation
	Psychologist, Family		Respiratory Therapist, Certified, SNF/Subacute Care
	Psychologist, Forensic		Respiratory Therapist, Registered
	Psychologist, Health		Respiratory Therapist, Registered, Critical Care
	Psychologist, Men & Masculinity		Respiratory Therapist, Registered, Educational
	Psychologist, Mental Retardation & Developmental Disabilities		Respiratory Therapist, Registered, Emergency Care
	Psychologist, Psychoanalysis Psychologist, Psychotherapy		Respiratory Therapist, Registered, General Care Respiratory Therapist, Registered, Geriatric Care
	Psychologist, Psychotherapy, Group		Respiratory Therapist, Registered, Home Health
	Psychologist, Rehabilitation		Respiratory Therapist, Registered, Neonatal/Pediatrics
	Psychologist, School		Respiratory Therapist, Registered, Palliative/Hospice
	Psychologist, Women		Respiratory Therapist, Registered, Patient Transport
	Registered Nurse Registered Nurse, Addiction (Substance Use Disorder)		Respiratory Therapist, Registered, Pulmonary Diagnostics Respiratory Therapist, Registered, Pulmonary Function Technologist
	Registered Nurse, Administrator		Respiratory Therapist, Registered, Pulmonary Rehabilitation
	Registered Nurse, Ambulatory Care		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 Technician, Other, Biomedical Engineering
	Registered Nurse, Community Health Registered Nurse, Continence Care		Other, Not Listed
	Registered Nurse, Continuing Education/Staff Development		,
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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 Medicine054 American Board of Obstetrics & Gynecology
- 055 American Board of Ophthalmology
- 109 American Board of Oral & Maxillofacial Surgeons
- 056 American Board of Orthopedic Surgery
- 057 American Board of Otolaryngology
- 058 American Board of Pathology
- 059 American Board of Pediatrics
- 060 American Board of Physical Medicine & Rehabilitation
- 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
- 067 American Board of Urology
- 142 Boards other than ABMS/AOA

Dental Boards

- 113 American Board of Endodontics
- 114 American Board of Oral & Maxillofacial Pathology
- 117 American Board of Oral & Maxillofacial Radiology
- 109 American Board of Oral & Maxillofacial Surgeons

- 108 American Board of Orthodontics
- 112 American Board of Pediatric Dentistry
- 111 American Board of Periodontology
- 115 American Board of Prosthodontics
- 106 American Board of Public Health Dentistry
- 120 Boards other than ABMS/AOA

DO Boards

- 118 American Osteopathic Board of Anesthesiology
- 119 American Osteopathic Board of Dermatology
- 120 American Osteopathic Board of Emergency Medicine
- 121 American Osteopathic Board of Family Practice
- 123 American Osteopathic Board of Internal Medicine
- 124 American Osteopathic Board of Neurology and Psychiatry
- 125 American Osteopathic Board of Neuromuskuloskeletal Medicine
- 126 American Osteopathic Board of Nuclear Medicine
- 127 American Osteopathic Board of Obstetrics and Gynecology
- 128 American Osteopathic Board of Ophthalmology and Otolaryngology
- 129 American Osteopathic Board of Orthopedic Surgery
- 130 American Osteopathic Board of Pathology
- 131 American Osteopathic Board of Pediatrics
- 132 American Osteopathic Board of Preventive Medicine
- 133 American Osteopathic Board of Proctology
- 134 American Osteopathic Board of Radiology
- 135 American Osteopathic Board of Rehabilitation Medicine
- 136 American Osteopathic Board of Surgery

DDM Daawda

- 140 American Board of Medical Specialists in Podiatry
- 137 American Board of Podiatric Orthopedics and Primary Podiatric Medicine
- 138 American Board of Podiatric Surgery
- 139 American Council of Certified Podiatric Surgeons and Physicians