



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

**Section 1**

**Personal Information and Professional IDs (Continued)**

**Professional IDs**

Include all state licenses, DEA Registration and State Controlled Dangerous Substance (CDS) certification numbers.

Provide all current and previous licenses/certifications.

Non-licensed professionals should enter certification/registration number in the space provided for license number.

If you have additional Professional IDs to report, use the Professional IDs Supplemental Form on page 19.

FEDERAL DEA NUMBER

DEA ISSUE DATE

DEA STATE OF REGISTRATION

DEA EXPIRATION DATE

CDS CERTIFICATE NUMBER

CDS ISSUE DATE

CDS STATE OF REGISTRATION

CDS EXPIRATION DATE

STATE LICENSE NUMBER

LICENSE ISSUING STATE

LICENSE ISSUE DATE

IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  YES  NO

LICENSE EXPIRATION DATE

LICENSE STATUS CODE

Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.

LICENSE TYPE

Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.

STATE LICENSE NUMBER

LICENSE ISSUING STATE

LICENSE ISSUE DATE

IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  YES  NO

LICENSE EXPIRATION DATE

LICENSE STATUS CODE

Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.

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 PARTICIPATING MEDICARE PROVIDER?  YES  NO

MEDICARE NUMBER

UPIN

ARE YOU A PARTICIPATING MEDICAID PROVIDER?  YES  NO

MEDICAID NUMBER

MEDICAID STATE

NATIONAL PROVIDER IDENTIFICATION (NPI) NUMBER

USMLE NUMBER (WITHOUT HYPHENS)

WORKERS COMPENSATION NUMBER

ECFMG NUMBER (NON-U.S./CANADIAN GRADUATE ONLY)

ECFMG CERTIFICATE ISSUE DATE (NON-U.S./CANADIAN GRADUATE ONLY)

**Section 2**

**Education and Training**

**Undergraduate School(s)**

Provide the appropriate information for the school that issued your undergraduate degree and all schools attended.

**Professional School(s)**

Provide the appropriate information for the school that issued your professional degree.

Fifth Pathway Graduates please complete the following sections: U.S. School that issued your certificate, the Non-U.S. School where you attended, and the Fifth Pathway institution where you completed your training on Supplemental Page 20.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

If you have additional Undergraduate or Professional Schools to report, use the Education Supplemental Form on page 20.

**UNDERGRADUATE SCHOOL**

OFFICIAL NAME OF UNDERGRADUATE SCHOOL

ADDRESS

CITY

STATE

ZIP/POSTAL CODE

COUNTRY CODE

TELEPHONE

FAX

START DATE

END DATE (GRADUATION DATE)

DEGREE AWARDED

DID YOU COMPLETE YOUR UNDERGRADUATE EDUCATION AT THIS SCHOOL?  YES  NO

**GRADUATE TYPE\*:**

U.S. OR CANADIAN GRADUATE  NON-U.S./CANADIAN GRADUATE  FIFTH PATHWAY GRADUATE

**U.S. OR CANADIAN SCHOOL**

SCHOOL CODE (U.S./ CANADIAN ONLY)

NAME OF U.S./ CANADIAN SCHOOL: \_\_\_\_\_

START DATE\*

END DATE (GRADUATION DATE)\*

DEGREE AWARDED

DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL?  YES  NO

**NON - U.S. OR CANADIAN SCHOOL**

OFFICIAL NAME OF NON-U.S. PROFESSIONAL SCHOOL

ADDRESS

CITY

COUNTRY CODE

POSTAL CODE

START DATE\*

END DATE (GRADUATION DATE)\*

DEGREE AWARDED

DID YOU COMPLETE YOUR GRADUATE EDUCATION AT THIS SCHOOL?  YES  NO







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

**Section 4**

**Practice Location Information**

**Primary Practice Location**

NOTE: IF YOU INDICATED THAT YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING ON PAGE 1, YOU ARE ONLY REQUIRED TO COMPLETE THE CREDENTIALING CONTACT QUESTION ABOVE. SECTION 4 MAY BE LEFT BLANK. YOU MAY PROCEED TO SECTION 5 ON PAGE 11.

If you have additional practice locations, use the Supplemental Practice Location Information Form on pages 25-29.

NOTE: "General Correspondence" refers to any correspondence that might be sent to the provider that does not solely relate to credentialing or billing information.

TIP Your Individual Tax ID is assumed to be your Primary Tax ID unless you specify otherwise to the right.

CURRENTLY PRACTICING AT THIS ADDRESS?  YES  NO      PREVIOUS OR FUTURE START DATE?

PHYSICIAN GROUP / PRACTICE NAME TO APPEAR IN DIRECTORY (DO NOT ABBREVIATE)\*

GROUP / CORPORATE NAME AS IT APPEARS ON W-9, IF DIFFERENT FROM ABOVE (DO NOT ABBREVIATE)

NUMBER\*      STREET\*      SUITE/BUILDING

CITY\*      STATE\*      ZIP CODE\*

SEND GENERAL CORRESPONDENCE HERE?\*  YES  NO      TELEPHONE\*      FAX

OFFICE E-MAIL ADDRESS

INDIVIDUAL TAX ID      GROUP TAX ID      PRIMARY TAX ID (ONE ONLY)\*  USE INDIVIDUAL TAX ID  USE GROUP TAX ID

**Office Manager or Business Office Staff Contact**

List each contact separately. You may use the check boxes below for convenience. Do not write instructions like "see above". These responses will be rejected and will require follow-up.

LAST NAME\*

FIRST NAME\*      M.I.

TELEPHONE\*      FAX

E-MAIL ADDRESS

**Billing Contact**

CHECK HERE TO USE OFFICE MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION

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

LAST NAME\*

FIRST NAME\*      M.I.

NUMBER\*      STREET\*      SUITE/BUILDING

CITY\*      STATE\*      ZIP CODE\*

TELEPHONE\*      FAX

E-MAIL ADDRESS

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

**Section 4 Practice Location Information (Continued)**

**Payment and Remittance**

YOUR "CHECK PAYABLE TO" INFORMATION SHOULD BE CONSISTENT WITH YOUR W-9.

ELECTRONIC BILLING CAPABILITIES?\*  YES  NO

BILLING DEPARTMENT (IF HOSPITAL-BASED)

CHECK PAYABLE TO\*

CHECK HERE TO USE OFFICE MANAGER AND OFFICE ADDRESS AS PAYEE INFORMATION

LAST NAME\*

FIRST NAME\* M.I.

NUMBER\* STREET\* SUITE/BUILDING

CITY\* STATE\* ZIP CODE\*

TELEPHONE\* FAX

E-MAIL ADDRESS

**NOTE:**

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

**Office Hours**

(USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)

|           | START | A=AM<br>P=PM | END | A=AM<br>P=PM |          | START | A=AM<br>P=PM | END | A=AM<br>P=PM |
|-----------|-------|--------------|-----|--------------|----------|-------|--------------|-----|--------------|
| MONDAY    |       |              |     |              | FRIDAY   |       |              |     |              |
| TUESDAY   |       |              |     |              | SATURDAY |       |              |     |              |
| WEDNESDAY |       |              |     |              | SUNDAY   |       |              |     |              |
| THURSDAY  |       |              |     |              |          |       |              |     |              |

**NOTE:**

After hours back office telephone will be used only by the health plan and will not be published under any circumstances.

24/7 PHONE COVERAGE?\* IF YES

ANSWERING SERVICE VOICE MAIL WITH INSTRUCTIONS TO CALL ANSWERING SERVICE VOICE MAIL WITH OTHER INSTRUCTIONS

AFTER HOURS BACK OFFICE TELEPHONE

**Open Practice Status**

ACCEPT NEW PATIENTS INTO THIS PRACTICE?\* YES NO

ACCEPT ALL NEW PATIENTS?\* YES NO

ACCEPT EXISTING PATIENTS WITH CHANGE OF PAYOR?\* YES NO

ACCEPT NEW MEDICARE PATIENTS?\* YES NO

ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?\* YES NO

ACCEPT NEW MEDICAID PATIENTS?\* YES NO

IF ANY OF THE ABOVE INFORMATION VARIES BY PLAN, EXPLAIN (USE BOTH LINES IF REQUIRED)

ARE THERE ANY PRACTICE LIMITATIONS?\* YES NO

GENDER LIMITATIONS: MALE ONLY NONE FEMALE ONLY

AGE LIMITATIONS: MINIMUM AGE MAXIMUM AGE

LIST OTHER LIMITATIONS



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

**Section 4**

**Practice Location Information (Continued)**

**Mid-Level Practitioners**

DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?

YES  NO

(IF YES, PLEASE PROVIDE THE INFORMATION BELOW)

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

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

**Section 4 Practice Location Information (Continued)**

**Languages**

Code lists are found on pages 37. Enter the associated 3-digit code in the space provided.

**LANGUAGES**

NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL

LANGUAGE CODE     LANGUAGE CODE     LANGUAGE CODE     LANGUAGE CODE     LANGUAGE CODE

INTERPRETERS AVAILABLE?\*    YES   NO     LANGUAGES INTERPRETED

LANGUAGE CODE     LANGUAGE CODE     LANGUAGE CODE     LANGUAGE CODE

**Accessibilities**

DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS?\*    YES   NO

DOES THIS SITE OFFER HANDICAPPED ACCESS FOR THE FOLLOWING

BUILDING?\*    YES   NO     TEXT TELEPHONY (TTY)\*    YES   NO

PARKING?\*    YES   NO     AMERICAN SIGN LANGUAGE\*    YES   NO

RESTROOM?\*    YES   NO     MENTAL/PHYSICAL IMPAIRMENT SERVICES\*    YES   NO

DOES THIS SITE OFFER OTHER SERVICES FOR THE DISABLED?\*

ACCESSIBLE BY PUBLIC TRANSPORTATION?\*

BUS\*    YES   NO     SUBWAY\*    YES   NO

REGIONAL TRAIN\*    YES   NO

OTHER HANDICAPPED ACCESS     OTHER DISABILITY SERVICES     OTHER TRANSPORTATION ACCESS

**Services**

Does this location provide any of the following services?

LABORATORY SERVICES?    YES   NO     IF YES, PROVIDE ACCREDITING/CERTIFYING PROGRAM (E.G., CLIA, COLA, MLE)

RADIOLOGY SERVICES?    YES   NO     IF YES, PROVIDE X-RAY CERTIFICATION TYPE

EKGs?    YES   NO     ALLERGY INJECTIONS?    YES   NO     ALLERGY SKIN TESTING?    YES   NO     ROUTINE OFFICE GYNECOLOGY (PELVIC/PAP)?    YES   NO

DRAWING BLOOD?    YES   NO     AGE APPROPRIATE IMMUNIZATIONS?    YES   NO     FLEXIBLE SIGMOIDOSCOPY?    YES   NO     TYMPANOMETRY/AUDIOMETRY SCREENING?    YES   NO

ASTHMA TREATMENT?    YES   NO     OSTEOPATHIC MANIPULATION?    YES   NO     IV HYDRATION/TREATMENT?    YES   NO     CARDIAC STRESS TEST?    YES   NO

PULMONARY FUNCTION TESTING?    YES   NO     PHYSICAL THERAPY?    YES   NO     CARE OF MINOR LACERATIONS?    YES   NO

IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?    YES   NO     IF YES, WHAT CLASS/CATEGORY DO YOU USE?

IF YES, WHO ADMINISTERS IT?    LAST NAME    FIRST NAME

TYPE OF PRACTICE (SELECT ONE ONLY)\*    SOLO PRACTICE    SINGLE SPECIALTY GROUP    MULTI-SPECIALTY GROUP

ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES)

[Grid of empty boxes for additional procedures]



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

**Section 5**

**Hospital Affiliations (Continued)**

**Hospital Privileges**

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

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

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

**PRIMARY HOSPITAL**

HOSPITAL NAME

NUMBER STREET SUITE/BUILDING

CITY STATE ZIP CODE

TELEPHONE FAX

DEPARTMENT NAME

DEPARTMENT DIRECTOR'S LAST NAME

DEPARTMENT DIRECTOR'S FIRST NAME M.I.

M M Y Y Y Y M M Y Y Y Y FULL, UNRESTRICTED PRIVILEGES? YES NO ARE PRIVILEGES TEMPORARY? 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)

**OTHER HOSPITAL**

HOSPITAL NAME

NUMBER STREET SUITE/BUILDING

CITY STATE ZIP CODE

TELEPHONE FAX

DEPARTMENT NAME

DEPARTMENT DIRECTOR'S LAST NAME

DEPARTMENT DIRECTOR'S FIRST NAME M.I.

M M Y Y Y Y M M Y Y Y Y FULL, UNRESTRICTED PRIVILEGES? YES NO ARE PRIVILEGES TEMPORARY? 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

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

**Section 6 Professional Liability Insurance Carrier**

**Professional Liability Insurance Carrier**

**IMPORTANT**  
IF YOU DO NOT CARRY MALPRACTICE INSURANCE, CHECK THIS BOX AND SKIP THIS SECTION.

SELF-INSURED?\* YES  NO

CARRIER OR SELF-INSURED NAME\*

NUMBER\* STREET\* SUITE/BUILDING

CITY\* STATE\* ZIP CODE\*

M  M  Y  Y  Y  Y 
  M  M  Y  Y  Y  Y 
  M  M  Y  Y  Y  Y 
 TYPE OF COVERAGE?\*  INDIVIDUAL  SHARED

ORIGINAL EFFECTIVE DATE\* EFFECTIVE DATE\* EXPIRATION DATE

DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?\*  YES  NO

AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE

POLICY INCLUDES TAIL COVERAGE?  YES  NO

POLICY NUMBER\*

**Professional Liability Insurance Carrier**

List other current, future, or previous carrier(s) if current carrier is less than ten (10) years.

NOTE: A longer period may be required by your healthcare entity.

If you have additional insurance, use the Supplemental Insurance Form on page 31.

SELF-INSURED? YES  NO

CARRIER OR SELF-INSURED NAME

NUMBER\* STREET\* SUITE/BUILDING

CITY\* STATE\* ZIP CODE\*

M  M  Y  Y  Y  Y 
  M  M  Y  Y  Y  Y 
  M  M  Y  Y  Y  Y 
 TYPE OF COVERAGE?\*  INDIVIDUAL  SHARED

ORIGINAL EFFECTIVE DATE\* EFFECTIVE DATE\* EXPIRATION DATE

DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?\*  YES  NO

AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE

POLICY INCLUDES TAIL COVERAGE?  YES  NO

POLICY NUMBER\*

**Section 7 Work History and References**

**Military Duty**

Are you currently on active military duty or military reserve?\*  YES  NO

**Work History**

Include a chronological work history for the past 10 years.

A longer period may be required by your healthcare entity.

If you have additional work history, use the Supplemental Work History Form on page 32.

**WORK HISTORY**

PRACTICE / EMPLOYER NAME

NUMBER STREET SUITE/BUILDING

CITY STATE ZIP/POSTAL CODE

\* 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 should be listed in Section 4.

Include a chronological work history for the past 10 years.

A longer period may be required by your healthcare entity

If you have additional work history, use the Supplemental Work History Form on page 32.

|                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="text"/><br>TELEPHONE    | <input type="text"/><br>FAX        |
| <input type="text"/><br>COUNTRY CODE | <input type="text"/><br>START DATE |
| <input type="text"/><br>COUNTRY CODE | <input type="text"/><br>END DATE   |
| REASON FOR DEPARTURE (IF APPLICABLE) |                                    |

**WORK HISTORY**

|                                      |  |  |  |
|--------------------------------------|--|--|--|
| REASON FOR DEPARTURE (IF APPLICABLE) |  |  |  |
| REASON FOR DEPARTURE (IF APPLICABLE) |  |  |  |

**WORK HISTORY**

|                                      |  |  |  |
|--------------------------------------|--|--|--|
| REASON FOR DEPARTURE (IF APPLICABLE) |  |  |  |
| REASON FOR DEPARTURE (IF APPLICABLE) |  |  |  |



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

**Section 8**

**Disclosure Questions**

**Disclosure Questions**

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

**Allied Health Providers**

If you are an Allied Health Provider and you do not believe a question is applicable to you, you should answer the question "NO".

**LICENSURE**

- 1.  YES  NO Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?\*
- 2.  YES  NO Has there been any challenge to your licensure, registration or certification?\*

**HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS**

- 3.  YES  NO Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?\*
- 4.  YES  NO Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?\*
- 5.  YES  NO Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?\*

**EDUCATION, TRAINING AND BOARD CERTIFICATION**

- 6.  YES  NO Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?\*
- 7.  YES  NO Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?\*
- 8.  YES  NO Have any of your board certifications or eligibility ever been revoked?\*
- 9.  YES  NO Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?\*

**DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION**

- 10.  YES  NO Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?\*

**MEDICARE, MEDICAID OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION**

- 11.  YES  NO Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or programs?\*

**OTHER SANCTIONS OR INVESTIGATIONS**

- 12.  YES  NO Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?\*
- 13.  YES  NO To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?\*
- 14.  YES  NO Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?\*
- 15.  YES  NO Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?\*
- 16.  YES  NO Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or 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**

- 17.  YES  NO Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?\*
- 18.  YES  NO Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?\*



**Section 8**

**Disclosure Questions (Continued)**

**Disclosure Questions**

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

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

**MALPRACTICE CLAIMS HISTORY**

19.  YES  NO Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?\*  
If yes, provide information for each case.

**CRIMINAL/CIVIL HISTORY**

20.  YES  NO Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?\*

21.  YES  NO In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?\*

22.  YES  NO Have you ever been court-martialed for actions related to your duties as a medical professional?\*

Note: A criminal record will not necessarily be a bar to acceptance. Decisions will be made by each health plan or credentialing organization based upon all the relevant circumstances, including the nature of the crime.

**ABILITY TO PERFORM JOB**

23.  YES  NO Are you currently engaged in the illegal use of drugs?\*  
("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.)

24.  YES  NO Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?\*

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

26.  YES  NO Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?\*

# 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 applicable bylaws, rules, and regulations, and requirements of the Entity, or grounds for my termination of Participation at or with the Entity. I agree that information obtained in accordance with the provisions of this Authorization, Attestation and Release is not and will not be a violation of my privacy.

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

Signature\*

Name (print)\*

M M D D Y Y Y Y

DATE SIGNED\*

3094

# Professional IDs Supplemental Form

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

## Section 1

## Personal Information and Professional IDs

### Professional IDs

Include all additional state licenses, DEA Registration and State Controlled Dangerous 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 ISSUE DATE

DEA STATE OF REGISTRATION

DEA EXPIRATION DATE

FEDERAL DEA NUMBER

DEA ISSUE DATE

DEA STATE OF REGISTRATION

DEA EXPIRATION DATE

CDS CERTIFICATE NUMBER

CDS ISSUE DATE

CDS STATE OF REGISTRATION

CDS EXPIRATION DATE

CDS CERTIFICATE NUMBER

CDS ISSUE DATE

CDS STATE OF REGISTRATION

CDS EXPIRATION DATE

STATE LICENSE NUMBER

LICENSE ISSUING STATE

LICENSE ISSUE DATE

IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  YES  NO

LICENSE EXPIRATION DATE

LICENSE STATUS CODE

Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.

LICENSE TYPE

Code list is found on page 36; use provider type codes. Enter 3-digit code in space provided.

STATE LICENSE NUMBER

LICENSE ISSUING STATE

LICENSE ISSUE DATE

IF THIS IS A STATE LICENSE, ARE YOU CURRENTLY PRACTICING IN THIS STATE?  YES  NO

LICENSE EXPIRATION DATE

LICENSE STATUS CODE

Code list is found on page 36; use license status codes. Enter 3-digit code in space provided.

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**

INSTITUTION/HOSPITAL WHERE U.S. CLINICAL TRAINING WAS PERFORMED (DO NOT ABBREVIATE)

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

FAX

DID YOU COMPLETE YOUR EDUCATION AT THIS SCHOOL?  YES  NO

START DATE

END DATE (GRADUATION DATE)

**Other Relevant  
Education**

If you need to report additional Education, photocopy this page as needed and submit as instructed.

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

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

3079

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

# Other Training Supplemental Form

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

## Section 2 Education and Training

### Training

List all postgraduate training programs you attended. Use one section per institution.

If you need to report additional Training, photocopy this page as needed and submit as instructed.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

|  |                  |  |
|--|------------------|--|
|  |                  | <input type="text"/> <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> <input type="text"/><br><b>SCHOOL CODE (E.G., AFFILIATED MEDICAL SCHOOL)</b> |
| <b>INSTITUTION / HOSPITAL NAME (USE BOTH LINES IF REQUIRED)</b>  |                  |  |
|  |                  |  |
| <b>NUMBER</b>  | <b>STREET</b>    | <b>SUITE/BUILDING</b>  |
| <b>CITY</b>  |                  | <b>STATE</b>   |
|  |                  | <b>ZIP/POSTAL CODE</b>   |
| <b>COUNTRY CODE</b>  | <b>TELEPHONE</b> | <b>FAX</b>   |
| <b>DID YOU COMPLETE THIS TRAINING PROGRAM AT THIS INSTITUTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |                  |  |
| (IF NOT, PLEASE USE THE SPACE BELOW TO EXPLAIN.)   |                  |  |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                  |  |

List each department separately, if applicable.

List Internship/Residency, Fellowship and Other programs separately.

|   |  |  |                                       |  |  |
|---|--|--|---------------------------------------|--|--|
|   | <input type="checkbox"/> <b>INTERNSHIP/RESIDENCY</b> | <input type="checkbox"/> <b>FELLOWSHIP</b> | <input type="checkbox"/> <b>OTHER</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><b>START DATE</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><b>END DATE</b> |
| <b>DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)</b> |  |  |                                       |  |  |
| <b>NAME OF DIRECTOR</b>                         |  |  |                                       |  |  |
|   | <input type="checkbox"/> <b>INTERNSHIP/RESIDENCY</b> | <input type="checkbox"/> <b>FELLOWSHIP</b> | <input type="checkbox"/> <b>OTHER</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><b>START DATE</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><b>END DATE</b> |
| <b>DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)</b> |  |  |                                       |  |  |
| <b>NAME OF DIRECTOR</b>                         |  |  |                                       |  |  |
|   | <input type="checkbox"/> <b>INTERNSHIP/RESIDENCY</b> | <input type="checkbox"/> <b>FELLOWSHIP</b> | <input type="checkbox"/> <b>OTHER</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><b>START DATE</b> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><b>END DATE</b> |
| <b>DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)</b> |  |  |                                       |  |  |
| <b>NAME OF DIRECTOR</b>                         |  |  |                                       |  |  |



# Partners/Associates Supplemental Form

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

|                  |                                      |
|------------------|--------------------------------------|
| <b>Section 4</b> | <b>Practice Location Information</b> |
|------------------|--------------------------------------|

**Partner/  
Associates**

Use this page to report additional partners/associates at the designated practice location.

SPECIFY PRACTICE LOCATION    INDICATE THE PRACTICE LOCATION TO WHICH YOU ARE ASSOCIATING THESE PROVIDERS.

---

LOCATION #     PRIMARY PRACTICE     PRACTICE NAME

---

PRACTICE ADDRESS

**IMPORTANT**

In the box provided, indicate to which practice location this page belongs.

Check "Covering Colleague?" if he/she provides coverage for you at THIS location.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

If you need to report additional partners/associates, photocopy this page as needed and submit as instructed.

|            |   |                      |                            |                           |
|------------|---|----------------------|----------------------------|---------------------------|
| LAST NAME  | <input style="width: 100%;" type="text"/> | M.I.                 | SPECIALTY CODE             | COVERING COLLEAGUE (Y/N)? |
| FIRST NAME | <input style="width: 100%;" type="text"/> | <input type="text"/> | PROVIDER TYPE (CODE PG 36) | <input type="text"/>      |
| LAST NAME  | <input style="width: 100%;" type="text"/> | M.I.                 | SPECIALTY CODE             | COVERING COLLEAGUE (Y/N)? |
| FIRST NAME | <input style="width: 100%;" type="text"/> | <input type="text"/> | PROVIDER TYPE (CODE PG 36) | <input type="text"/>      |
| LAST NAME  | <input style="width: 100%;" type="text"/> | M.I.                 | SPECIALTY CODE             | COVERING COLLEAGUE (Y/N)? |
| FIRST NAME | <input style="width: 100%;" type="text"/> | <input type="text"/> | PROVIDER TYPE (CODE PG 36) | <input type="text"/>      |
| LAST NAME  | <input style="width: 100%;" type="text"/> | M.I.                 | SPECIALTY CODE             | COVERING COLLEAGUE (Y/N)? |
| FIRST NAME | <input style="width: 100%;" type="text"/> | <input type="text"/> | PROVIDER TYPE (CODE PG 36) | <input type="text"/>      |
| LAST NAME  | <input style="width: 100%;" type="text"/> | M.I.                 | SPECIALTY CODE             | COVERING COLLEAGUE (Y/N)? |
| FIRST NAME | <input style="width: 100%;" type="text"/> | <input type="text"/> | PROVIDER TYPE (CODE PG 36) | <input type="text"/>      |
| LAST NAME  | <input style="width: 100%;" type="text"/> | M.I.                 | SPECIALTY CODE             | COVERING COLLEAGUE (Y/N)? |
| FIRST NAME | <input style="width: 100%;" type="text"/> | <input type="text"/> | PROVIDER TYPE (CODE PG 36) | <input type="text"/>      |

# Covering Colleagues Supplemental Form

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

## Section 4

### Practice Location Information

**Covering Colleagues**  
Include all colleagues providing regular coverage and his/her specialty, including if he/she is a partner in one or more of your practice locations.

**IMPORTANT**  
In the box provided, indicate to which practice location this page belongs.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

If you need to report additional Covering Colleagues, photocopy this page as needed and submit as instructed.

SPECIFY PRACTICE LOCATION    INDICATE THE PRACTICE LOCATION TO WHICH YOU ARE ASSOCIATING THESE PROVIDERS.

|  |  |  |                         |  |
|--|--|--|-------------------------|--|
| <p>→ LOCATION #</p> <table style="border: 1px solid black; width: 50px; height: 25px; margin-left: 5px;"> <tr><td style="width: 15px; height: 25px;"></td><td style="width: 15px; height: 25px;"></td></tr> </table> |  |  | <p>PRIMARY PRACTICE</p> | <p>PRACTICE NAME _____</p> <p>PRACTICE ADDRESS _____</p> |
|  |  |  |                         |  |

|            |  |      |                            |  |
|------------|--|------|----------------------------|--|
| 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) |  |

|            |  |      |                            |  |
|------------|--|------|----------------------------|--|
| 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) |  |

|            |  |      |                            |  |
|------------|--|------|----------------------------|--|
| 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) |  |

|            |  |      |                            |  |
|------------|--|------|----------------------------|--|
| 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) |  |



# Practice Location Information Supplemental Form

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

**Section 4** Practice Location Information - Page 1 of 5

**Additional Practice Location**

**IMPORTANT**

In the box provided, indicate to which practice location this page belongs.

For example, if you practice at three locations, the primary location is reported in the main application and remaining locations would be reported on Supplemental Forms as Location 2 and Location 3.

**TIP** Your Individual Tax ID is assumed to be your Primary Tax ID unless you specify otherwise to the right.

LOCATION\* #

CURRENTLY PRACTICING AT THIS ADDRESS?\*  YES  NO PREVIOUS OR FUTURE START DATE?

PHYSICIAN GROUP / PRACTICE NAME TO APPEAR IN DIRECTORY (DO NOT ABBREVIATE)\*

GROUP / CORPORATE NAME AS IT APPEARS ON W-9, IF DIFFERENT FROM ABOVE (DO NOT ABBREVIATE)

NUMBER\*     STREET\*       SUITE/BUILDING

CITY\*         STATE\*   ZIP CODE\*

SEND GENERAL CORRESPONDENCE HERE?\*  YES  NO TELEPHONE\*       FAX

OFFICE E-MAIL ADDRESS

INDIVIDUAL TAX ID

GROUP TAX ID

PRIMARY TAX ID (ONE ONLY)\*  USE INDIVIDUAL TAX ID  USE GROUP TAX ID

**Office Manager or Business Office Contact**

List each contact separately. You may use the check boxes below for convenience. Do not write instructions like "see above". These responses will be rejected and will require follow-up.

LAST NAME\*

FIRST NAME\*

M.I.

TELEPHONE\*

FAX

E-MAIL ADDRESS

**Billing Contact**

CHECK HERE TO USE OFFICE MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION

**NOTE:** Even if you checked the boxes above, please provide the e-mail address of the Billing Contact, if available.

LAST NAME\*

FIRST NAME\*

M.I.

NUMBER\*     STREET\*       SUITE/BUILDING

CITY\*         STATE\*   ZIP CODE\*

TELEPHONE\*

FAX

E-MAIL ADDRESS

3100

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

# Practice Location Information Supplemental Form

\* 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'l Practice Location** (Cont.)

**Payment and Remittance**

YOUR "CHECK PAYABLE TO" INFORMATION SHOULD BE CONSISTENT WITH YOUR W-9.

CHECK HERE TO USE OFFICE MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION

**NOTE:**  
Even if you checked the boxes above, please provide the E-mail Address, Department Name, Electronic Billing and Check Payable To, if applicable.

**LOCATION\* #**

ELECTRONIC BILLING CAPABILITIES?  YES  NO

BILLING DEPARTMENT (IF HOSPITAL-BASED)

CHECK PAYABLE TO\*

LAST NAME\*

FIRST NAME\* M.I.

NUMBER\* STREET\* SUITE/BUILDING

CITY\* STATE\* ZIP CODE\*

TELEPHONE\* FAX

E-MAIL ADDRESS

**Office Hours**

(USE HHMM FORMAT AND ROUND TO THE NEAREST HALF-HOUR)

|           | START | A=AM<br>P=PM | END | A=AM<br>P=PM |          | START | A=AM<br>P=PM | END | A=AM<br>P=PM |
|-----------|-------|--------------|-----|--------------|----------|-------|--------------|-----|--------------|
| MONDAY    |       |              |     |              | FRIDAY   |       |              |     |              |
| TUESDAY   |       |              |     |              | SATURDAY |       |              |     |              |
| WEDNESDAY |       |              |     |              | SUNDAY   |       |              |     |              |
| THURSDAY  |       |              |     |              |          |       |              |     |              |

**NOTE:**  
After hours back office telephone will be used only by the health plan and will not be published under any circumstances.

24/7 PHONE COVERAGE?\* IF YES

YES NO ANSWERING SERVICE VOICE MAIL WITH INSTRUCTIONS TO CALL ANSWERING SERVICE VOICE MAIL WITH OTHER INSTRUCTIONS

AFTER HOURS BACK OFFICE TELEPHONE

**Open Practice Status**

ACCEPT NEW PATIENTS INTO THIS PRACTICE?\* YES NO

ACCEPT ALL NEW PATIENTS?\* YES NO

ACCEPT EXISTING PATIENTS WITH CHANGE OF PAYOR?\* YES NO

ACCEPT NEW MEDICARE PATIENTS?\* YES NO

ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL?\* YES NO

ACCEPT NEW MEDICAID PATIENTS?\* YES NO

IF ANY OF THE ABOVE VARIES BY PLAN, EXPLAIN

ARE THERE ANY PRACTICE LIMITATIONS?\* IF YES

YES NO

GENDER LIMITATIONS: MALE ONLY NONE FEMALE ONLY

AGE LIMITATIONS: MINIMUM AGE MAXIMUM AGE

LIST OTHER LIMITATIONS

3101

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

# Practice Location Information Supplemental Form

\* 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

(Continued)

**IMPORTANT**

In the box provided, indicate to which practice location this page belongs.

#### Mid-Level Practitioners

→ LOCATION\* #

DO MID-LEVEL PRACTITIONERS (NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, ETC.) CARE FOR PATIENTS IN YOUR PRACTICE?  YES  NO

(IF YES, PLEASE PROVIDE THE INFORMATION BELOW)

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

PRACTITIONER LAST NAME

PRACTITIONER FIRST NAME

M.I.

PRACTITIONER TYPE (E.G., PA, CNP, NP)

PRACTITIONER LICENSE / CERTIFICATE NUMBER

PRACTITIONER STATE

# Practice Location Information Supplemental Form

\* 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 Location**  
(Continued)

**IMPORTANT**

In the box provided, indicate to which practice location this page belongs.

**LOCATION\* #**

**LANGUAGES**

NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
| LANGUAGE CODE        |                      |                      | LANGUAGE CODE        |                      | LANGUAGE CODE        |                      | LANGUAGE CODE        |                      | LANGUAGE CODE        |  |

INTERPRETERS AVAILABLE?\*  YES  NO

LANGUAGES INTERPRETED

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |  |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
| LANGUAGE CODE        |                      |                      | LANGUAGE CODE        |                      | LANGUAGE CODE        |                      | LANGUAGE CODE        |                      | LANGUAGE CODE        |  |

**Accessibilities**

DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS?\*  YES  NO

DOES THIS SITE OFFER HANDICAPPED ACCESS FOR THE FOLLOWING

|   |   |  |
|---|---|--|
| BUILDING?* <input type="checkbox"/> YES <input type="checkbox"/> NO | TEXT TELEPHONY (TTY)* <input type="checkbox"/> YES <input type="checkbox"/> NO                | ACCESSIBLE BY PUBLIC TRANSPORTATION?* <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PARKING?* <input type="checkbox"/> YES <input type="checkbox"/> NO  | AMERICAN SIGN LANGUAGE* <input type="checkbox"/> YES <input type="checkbox"/> NO              | BUS* <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |
| RESTROOM?* <input type="checkbox"/> YES <input type="checkbox"/> NO | MENTAL/PHYSICAL IMPAIRMENT SERVICES* <input type="checkbox"/> YES <input type="checkbox"/> NO | SUBWAY* <input type="checkbox"/> YES <input type="checkbox"/> NO                               |
| <input type="text"/>  | <input type="text"/>  | REGIONAL TRAIN* <input type="checkbox"/> YES <input type="checkbox"/> NO                       |
| OTHER HANDICAPPED ACCESS  | OTHER DISABILITY SERVICES   | OTHER TRANSPORTATION ACCESS  |

**Services**

Does this location provide any of the following services?

LABORATORY SERVICES?  YES  NO IF YES, PROVIDE ACCREDITING/CERTIFYING PROGRAM (E.G., CLIA, COLA, MLE)

RADIOLOGY SERVICES?  YES  NO IF YES, PROVIDE X-RAY CERTIFICATION TYPE

|  |   |   |  |
|--|---|---|--|
| EKGs? <input type="checkbox"/> YES <input type="checkbox"/> NO                       | ALLERGY INJECTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO            | ALLERGY SKIN TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO      | ROUTINE OFFICE GYNECOLOGY (PELVIC/PAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DRAWING BLOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO              | AGE APPROPRIATE IMMUNIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | FLEXIBLE SIGMOIDOSCOPY? <input type="checkbox"/> YES <input type="checkbox"/> NO    | TYMPANOMETRY/AUDIOMETRY SCREENING? <input type="checkbox"/> YES <input type="checkbox"/> NO      |
| ASTHMA TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO           | OSTEOPATHIC MANIPULATION? <input type="checkbox"/> YES <input type="checkbox"/> NO      | IV HYDRATION/TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO    | CARDIAC STRESS TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO                    |
| PULMONARY FUNCTION TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO | PHYSICAL THERAPY? <input type="checkbox"/> YES <input type="checkbox"/> NO              | CARE OF MINOR LACERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

IS ANESTHESIA ADMINISTERED IN YOUR OFFICE?  YES  NO IF YES, WHAT CLASS/CATEGORY DO YOU USE?

IF YES, WHO ADMINISTERS IT?  LAST NAME  FIRST NAME

TYPE OF PRACTICE (SELECT ONE ONLY)\*  SOLO PRACTICE  SINGLE SPECIALTY GROUP  MULTI-SPECIALTY GROUP

ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES)





# 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 Insurance Carrier**

List secondary / second layer / future or previous carrier(s).

For second layer coverage list name of hospital/organization providing coverage

|   |                                      |                                |   |
|---|--------------------------------------|--------------------------------|---|
|   |                                      |                                | SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO                    |
| CARRIER OR SELF-INSURED NAME  |                                      |                                |   |
| NUMBER*   | STREET*                              | SUITE/BUILDING                 |   |
| CITY*   | STATE*                               | ZIP CODE*                      |   |
| ORIGINAL EFFECTIVE DATE*<br>M M Y Y Y Y   | EFFECTIVE DATE*<br>M M Y Y Y Y       | EXPIRATION DATE<br>M M Y Y Y Y | TYPE OF COVERAGE?*<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SHARED |
| DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | \$ AMOUNT OF COVERAGE PER OCCURRENCE |                                | \$ AMOUNT OF COVERAGE AGGREGATE   |
| POLICY INCLUDES TAIL COVERAGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                              |                                      |                                |   |
| POLICY NUMBER*  |                                      |                                |   |

**Other Professional Liability Insurance Carrier**

List secondary / second layer / future or previous carrier(s).

For second layer coverage list name of hospital/organization providing coverage

If you need additional space for Insurance Coverage, photocopy this page as needed and submit as instructed.

|   |                                      |                                |   |
|---|--------------------------------------|--------------------------------|---|
|   |                                      |                                | SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO                    |
| CARRIER OR SELF-INSURED NAME  |                                      |                                |   |
| NUMBER*   | STREET*                              | SUITE/BUILDING                 |   |
| CITY*   | STATE*                               | ZIP CODE*                      |   |
| ORIGINAL EFFECTIVE DATE*<br>M M Y Y Y Y   | EFFECTIVE DATE*<br>M M Y Y Y Y       | EXPIRATION DATE<br>M M Y Y Y Y | TYPE OF COVERAGE?*<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SHARED |
| DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | \$ AMOUNT OF COVERAGE PER OCCURRENCE |                                | \$ AMOUNT OF COVERAGE AGGREGATE   |
| POLICY INCLUDES TAIL COVERAGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                              |                                      |                                |   |
| POLICY NUMBER*  |                                      |                                |   |

# Work History Supplemental Form

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

## Section 7

## Work History

### Work History

Use this form to continue listing work history.

If you need additional space for Work History, photocopy this page as needed and submit as instructed.

#### WORK HISTORY

|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
|---|--|--|-------------------|--|--|-----------------|--|------------------------|-----------------------|--|--|
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>PRACTICE / EMPLOYER NAME</b>             |  |  |                   |  |  |                 |  |                        |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>NUMBER</b>                               |  |  | <b>STREET</b>     |  |  |                 |  |                        | <b>SUITE/BUILDING</b> |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>CITY</b>                                 |  |  |                   |  |  | <b>STATE</b>    |  | <b>ZIP/POSTAL CODE</b> |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>TELEPHONE</b>                            |  |  |                   |  |  | <b>FAX</b>      |  |                        |                       |  |  |
|   |  |  | M M Y Y Y Y       |  |  |                 |  |                        | M M Y Y Y Y           |  |  |
| <b>COUNTRY CODE</b>                         |  |  | <b>START DATE</b> |  |  | <b>END DATE</b> |  |                        |                       |  |  |
| <b>REASON FOR DEPARTURE (IF APPLICABLE)</b> |  |  |                   |  |  |                 |  |                        |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |

#### WORK HISTORY

|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
|---|--|--|-------------------|--|--|-----------------|--|------------------------|-----------------------|--|--|
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>PRACTICE / EMPLOYER NAME</b>             |  |  |                   |  |  |                 |  |                        |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>NUMBER</b>                               |  |  | <b>STREET</b>     |  |  |                 |  |                        | <b>SUITE/BUILDING</b> |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>CITY</b>                                 |  |  |                   |  |  | <b>STATE</b>    |  | <b>ZIP/POSTAL CODE</b> |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
| <b>TELEPHONE</b>                            |  |  |                   |  |  | <b>FAX</b>      |  |                        |                       |  |  |
|   |  |  | M M Y Y Y Y       |  |  |                 |  |                        | M M Y Y Y Y           |  |  |
| <b>COUNTRY CODE</b>                         |  |  | <b>START DATE</b> |  |  | <b>END DATE</b> |  |                        |                       |  |  |
| <b>REASON FOR DEPARTURE (IF APPLICABLE)</b> |  |  |                   |  |  |                 |  |                        |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |
|   |  |  |                   |  |  |                 |  |                        |                       |  |  |



# Professional Training / Work History Gaps Supplemental Form

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

## Section 7

## Professional Training / Work History Gaps

### Professional Training / Work History Gaps

Please explain any time periods or gaps in training or work history that have occurred since graduation from professional school and are longer than three month in duration or of a shorter duration if required by the organization for which you are being credentialed.

|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|--------------|---|---|---|---|---|---|
| GAP START DATE | M | M | Y | Y | Y | Y | GAP END DATE | M | M | Y | Y | Y | Y |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |

|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|--------------|---|---|---|---|---|---|
| GAP START DATE | M | M | Y | Y | Y | Y | GAP END DATE | M | M | Y | Y | Y | Y |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |

|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|--------------|---|---|---|---|---|---|
| GAP START DATE | M | M | Y | Y | Y | Y | GAP END DATE | M | M | Y | Y | Y | Y |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |

|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|--------------|---|---|---|---|---|---|
| GAP START DATE | M | M | Y | Y | Y | Y | GAP END DATE | M | M | Y | Y | Y | Y |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |

|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|--------------|---|---|---|---|---|---|
| GAP START DATE | M | M | Y | Y | Y | Y | GAP END DATE | M | M | Y | Y | Y | Y |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |
|                |   |   |   |   |   |   |              |   |   |   |   |   |   |



# Malpractice Claims Explanation Supplemental Form

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

**Section 8** **Malpractice Claims Explanation**

**Malpractice Claims Explanation**

Use this form to report any "Yes" response to Disclosure Question #19.

If you need additional space to explain a Yes response, photocopy this page as needed and submit as instructed.

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE OF OCCURRENCE* <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | M | M | D | D | Y | Y | Y | Y | DATE CLAIM WAS FILED* <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | M | M | D | D | Y | Y | Y | Y |
| M   | M | D | D | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |
| M   | M | D | D | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|
| STATUS OF CLAIM* (NOTE: IF CASE IS PENDING, SELECT OPEN)<br><input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | IF SETTLED, ENTER DATE CLAIM WAS SETTLED <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | M | M | D | D | Y | Y | Y | Y |
| M   | M  | D | D | Y | Y | Y | Y |   |   |

|  |
|--|
|  |
|  |

PROFESSIONAL LIABILITY CARRIER INVOLVED\* (USE BOTH LINES IF NECESSARY)

|           |               |                |
|-----------|---------------|----------------|
|           |               |                |
| NUMBER*   | STREET*       | SUITE/BUILDING |
|           |               |                |
| CITY*     |               | STATE*         |
|           |               | ZIP CODE*      |
|           |               |                |
| TELEPHONE | POLICY NUMBER |                |

|   |  |  |  |  |  |  |  |  |                        |                                    |                                  |                                    |                                      |
|---|--|--|--|--|--|--|--|--|------------------------|------------------------------------|----------------------------------|------------------------------------|--------------------------------------|
| \$ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> AMOUNT OF AWARD OR SETTLEMENT* |  |  |  |  |  |  |  |  | METHOD OF RESOLUTION?* | <input type="checkbox"/> DISMISSED | <input type="checkbox"/> SETTLED | <input type="checkbox"/> MEDIATION | <input type="checkbox"/> ARBITRATION |
|   |  |  |  |  |  |  |  |  |                        |                                    |                                  |                                    |                                      |
|   |  | <input type="checkbox"/> JUDGMENT FOR DEFENDANT(S) | <input type="checkbox"/> JUDGMENT FOR PLAINTIFF(S) |  |  |  |  |  |                        |                                    |                                  |                                    |                                      |

DESCRIPTION OF ALLEGATIONS\* (USE ALL FOUR LINES BELOW, IF NECESSARY)

|  |
|--|
|  |
|  |
|  |
|  |

|  |  |                                       |  |   |  |  |
|--|--|---------------------------------------|--|---|--|--|
| WERE YOU THE PRIMARY DEFENDANT OR CO-DEFENDANT?* | <input type="checkbox"/> PRIMARY DEFENDANT | <input type="checkbox"/> CO-DEFENDANT | NUMBER OF OTHER CO-DEFENDANTS (IF ANY) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> |  |  |
|  |  |                                       |  |   |  |  |

|  |
|--|
|  |
|--|

YOUR INVOLVEMENT IN CASE\* (ATTENDING, CONSULTING, ETC)

DESCRIPTION OF ALLEGED INJURY TO THE PATIENT (USE ALL FOUR LINES BELOW, IF NECESSARY)

|  |
|--|
|  |
|  |
|  |
|  |

|   |                              |                             |   |                              |                             |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| DID THE ALLEGED INJURY RESULT IN DEATH? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | TO THE BEST OF YOUR KNOWLEDGE, IS THE CASE INCLUDED IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|

3110

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

# Code Lists

## Provider Type Codes

|  |                               |                                      |
|--|-------------------------------|--------------------------------------|
| 001 Medical Doctor (MD)                    |                               |                                      |
| 002 Doctor of Dental Surgery (DDS)         |                               |                                      |
| 003 Doctor of Dental Medicine (DMD)        |                               |                                      |
| 004 Doctor of Podiatric Medicine (DPM)     |                               |                                      |
| 005 Doctor of Chiropractic (DC)            |                               |                                      |
| 007 Osteopathic Doctor (DO)                |                               |                                      |
| 020 Acupuncturist                          | 030 Licensed Practical Nurse  | 041 Optometrist                      |
| 021 Alcohol/Drug Counselor                 | 031 Marriage/Family Therapist | 042 Pharmacist                       |
| 022 Audiologist                            | 032 Massage Therapist         | 043 Physical Therapist               |
| 023 Biofeedback Technician                 | 033 Naturopath                | 044 Physician Assistant              |
| 024 Certified Registered Nurse Anesthetist | 034 Neuropsychologist         | 045 Professional Counselor           |
| 025 Christian Science Practitioner         | 035 Midwife                   | 046 Registered Nurse                 |
| 026 Clinical Nurse Specialist              | 036 Nurse Midwife             | 047 Registered Nurse First Assistant |
| 027 Clinical Psychologist                  | 037 Nurse Practitioner        | 048 Respiratory Therapist            |
| 028 Clinical Social Worker                 | 038 Nutritionist              | 049 Speech Pathologist               |
| 029 Dietician                              | 039 Occupational Therapist    |                                      |
|  | 040 Optician                  |                                      |

## License Status Codes

|              |                 |                  |
|--------------|-----------------|------------------|
| 001 Active   | 008 Pending     | 015 Temporary    |
| 002 Canceled | 009 Probation   | 016 Terminated   |
| 003 Denied   | 010 Provisional | 017 Time Limited |
| 004 Expired  | 011 Restricted  | 018 Unrestricted |
| 005 Inactive | 012 Revoked     | 019 Other        |
| 006 Lapsed   | 013 Suspended   |                  |
| 007 Limited  | 014 Surrendered |                  |

## Country Codes

|                                    |                                       |                                       |                                      |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| 004 Afghanistan                    | 174 Comoros                           | 334 Heard Island and McDonald Islands | 498 Moldova                          |
| 008 Albania                        | 178 Congo                             | 340 Honduras                          | 492 Monaco                           |
| 012 Algeria                        | 180 Congo, Democratic Republic of the | 344 Hong Kong                         | 496 Mongolia                         |
| 016 American Samoa                 | 184 Cook Islands                      | 348 Hungary                           | 500 Montserrat                       |
| 020 Andorra                        | 188 Costa Rica                        | 352 Iceland                           | 504 Morocco                          |
| 024 Angola                         | 191 Croatia                           | 356 India                             | 508 Mozambique                       |
| 660 Anguilla                       | 192 Cuba                              | 360 Indonesia                         | 104 Myanmar                          |
| 010 Antarctica                     | 196 Cyprus                            | 364 Iran                              | 516 Namibia                          |
| 028 Antigua and Barbuda            | 203 Czech Republic                    | 368 Iraq                              | 520 Nauru                            |
| 032 Argentina                      | 208 Denmark                           | 372 Ireland                           | 524 Nepal                            |
| 051 Armenia                        | 262 Djibouti                          | 376 Israel                            | 528 Netherlands                      |
| 533 Aruba                          | 212 Dominica                          | 380 Italy                             | 530 Netherlands Antilles             |
| 036 Australia                      | 214 Dominican Republic                | 388 Jamaica                           | 540 New Caledonia                    |
| 040 Austria                        | 626 East Timor (provisional)          | 392 Japan                             | 554 New Zealand                      |
| 031 Azerbaijan                     | 218 Ecuador                           | 400 Jordan                            | 558 Nicaragua                        |
| 044 Bahamas                        | 818 Egypt                             | 398 Kazakhstan                        | 562 Niger                            |
| 048 Bahrain                        | 222 El Salvador                       | 404 Kenya                             | 566 Nigeria                          |
| 050 Bangladesh                     | 226 Equatorial Guinea                 | 296 Kiribati                          | 570 Niue                             |
| 052 Barbados                       | 232 Eritrea                           | 408 Korea, North                      | 574 Norfolk Island                   |
| 112 Belarus                        | 233 Estonia                           | 410 Korea, South                      | 580 Northern Mariana Islands         |
| 056 Belgium                        | 231 Ethiopia                          | 414 Kuwait                            | 578 Norway                           |
| 084 Belize                         | 238 Falkland Islands (Malvinas)       | 417 Kyrgyzstan                        | 512 Oman                             |
| 204 Benin                          | 234 Faroe Islands                     | 418 Laos                              | 586 Pakistan                         |
| 060 Bermuda                        | 242 Fiji                              | 428 Latvia                            | 585 Palau                            |
| 064 Bhutan                         | 246 Finland                           | 422 Lebanon                           | 591 Panama                           |
| 068 Bolivia                        | 250 France                            | 426 Lesotho                           | 598 Papua New Guinea                 |
| 070 Bosnia and Herzegovina         | 249 France, Metropolitan              | 430 Liberia                           | 600 Paraguay                         |
| 072 Botswana                       | 254 French Guiana                     | 434 Libya                             | 604 Peru                             |
| 074 Bouvet Island                  | 258 French Polynesia                  | 438 Liechtenstein                     | 608 Philippines                      |
| 076 Brazil                         | 260 French Southern Territories       | 440 Lithuania                         | 612 Pitcairn                         |
| 086 British Indian Ocean Territory | 266 Gabon                             | 442 Luxembourg                        | 616 Poland                           |
| 096 Brunei Darussalam              | 270 Gambia                            | 446 Macau                             | 620 Portugal                         |
| 100 Bulgaria                       | 268 Georgia                           | 807 Macedonia                         | 630 Puerto Rico                      |
| 854 Burkina Faso                   | 276 Germany                           | 450 Madagascar                        | 634 Qatar                            |
| 108 Burundi                        | 288 Ghana                             | 454 Malawi                            | 638 Réunion                          |
| 116 Cambodia                       | 292 Gibraltar                         | 458 Malaysia                          | 642 Romania                          |
| 120 Cameroon                       | 300 Greece                            | 462 Maldives                          | 643 Russian Federation               |
| 124 Canada                         | 304 Greenland                         | 466 Mali                              | 646 Rwanda                           |
| 132 Cape Verde                     | 308 Grenada                           | 470 Malta                             | 654 Saint Helena                     |
| 136 Cayman Islands                 | 312 Guadeloupe                        | 584 Marshall Islands                  | 659 Saint Kitts and Nevis            |
| 140 Central African Republic       | 316 Guam                              | 474 Martinique                        | 662 Saint Lucia                      |
| 148 Chad                           | 320 Guatemala                         | 478 Mauritania                        | 666 Saint Pierre and Miquelon        |
| 152 Chile                          | 324 Guinea                            | 480 Mauritius                         | 670 Saint Vincent and the Grenadines |
| 156 China                          | 624 Guinea-Bissau                     | 175 Mayotte                           |                                      |
| 162 Christmas Island               | 328 Guyana                            | 484 Mexico                            |                                      |
| 166 Cocos (Keeling) Islands        | 332 Haiti                             | 583 Micronesia                        |                                      |

# Code Lists

## 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         | 862 | Venezuela                     |
| 682 | Saudi Arabia                | 736 | Sudan                  | 788 | Tunisia                     | 704 | Viet Nam                      |
| 683 | Scotland                    | 740 | Suriname               | 792 | Turkey795                   | 092 | Virgin Islands, British       |
| 686 | Senegal                     | 744 | Svalbard and Jan Mayen | 796 | Turks and Caicos Islands    | 850 | Virgin Islands, U.S.          |
| 690 | Seychelles                  | 748 | Swaziland              | 798 | Tuvalu                      | 876 | Wallis and Fortuna Islands    |
| 694 | Sierra Leone                | 752 | Sweden                 | 800 | Uganda                      | 732 | Western Sahara (provisional)  |
| 702 | Singapore                   | 756 | Switzerland            | 804 | Ukraine                     | 887 | Yemen                         |
| 703 | Slovakia                    | 760 | Syria                  | 784 | United Arab Emirates        | 891 | Yugoslavia                    |
| 705 | Slovenia                    | 158 | Taiwan                 | 826 | United Kingdom              | 894 | Zambia                        |
| 090 | Solomon Islands             | 762 | Tajikistan             | 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 | 768 | Togo                   | 860 | Uzbekistan                  |     |                               |

## Language Codes

|     |                |     |                 |     |            |
|-----|----------------|-----|-----------------|-----|------------|
| 001 | Abkhazian      | 061 | Kinyarwanda     | 121 | Tonga      |
| 002 | Afan (Oromo)   | 062 | Kirghiz         | 122 | Tsonga     |
| 003 | Afar           | 063 | Kurundi         | 123 | Turkish    |
| 004 | Afrikaans      | 064 | Korean          | 124 | Turkmen    |
| 005 | Albanian       | 065 | Kurdish         | 125 | Twi        |
| 006 | Amharic        | 066 | Laothian        | 126 | Uigur      |
| 007 | Arabic         | 067 | Latin           | 127 | Ukrainian  |
| 008 | Armenian       | 068 | Latvian;Lettish | 128 | Urdu       |
| 009 | Assamese       | 069 | Lingala         | 129 | Uzbek      |
| 010 | Zerbajjani     | 070 | Lithuanian      | 130 | Vietnamese |
| 011 | Bashkir        | 071 | Macedonian      | 131 | Volapuk    |
| 012 | Basque         | 072 | Malagasy        | 132 | Welsh      |
| 013 | Bengali;Bangla | 073 | Malay           | 133 | Wolof      |
| 014 | Bhutani        | 074 | Malayalam       | 134 | Xhosa      |
| 015 | Bihari         | 075 | Maltese         | 135 | Yiddish    |
| 016 | Bislama        | 076 | Maori           | 136 | Yoruba     |
| 017 | Breton         | 077 | Marathi         | 10  | Zerbajjani |
| 018 | Bulgarian      | 078 | Moldavian       | 137 | Zhuang     |
| 019 | Burmese        | 079 | Mongolian       | 138 | Zulu       |
| 020 | Byelorussian   | 080 | Nauru           |     |            |
| 021 | Cambodian      | 081 | Nepali          |     |            |
| 022 | Catalan        | 082 | Norwegian       |     |            |
| 023 | Chinese        | 083 | Occitan         |     |            |
| 024 | Corsican       | 084 | Oriya           |     |            |
| 025 | Croatian       | 085 | Pashto;Pushto   |     |            |
| 026 | Czech          | 086 | Persian (Farsi) |     |            |
| 027 | Danish         | 087 | Polish          |     |            |
| 028 | Dutch          | 088 | Portuguese      |     |            |
| 140 | English        | 089 | Punjabi         |     |            |
| 030 | Esperanto      | 090 | Quechua         |     |            |
| 031 | Estonian       | 091 | Rhaeto-Romance  |     |            |
| 032 | Faroese        | 092 | Romanian        |     |            |
| 033 | Fiji           | 093 | Russian         |     |            |
| 034 | Finnish        | 094 | Samoan          |     |            |
| 035 | French         | 095 | Sangho          |     |            |
| 036 | Frisian        | 096 | Sanskrit        |     |            |
| 037 | Galician       | 097 | Scot Gaelic     |     |            |
| 038 | Georgian       | 098 | Serbian         |     |            |
| 039 | German         | 099 | Serbo-Croatian  |     |            |
| 040 | Greek          | 100 | Sesotho         |     |            |
| 041 | Greenlandic    | 101 | Setswana        |     |            |
| 042 | Guarani        | 102 | Shona           |     |            |
| 043 | Gujarati       | 103 | Sindhi          |     |            |
| 044 | Hausa          | 104 | Singhalese      |     |            |
| 045 | Hebrew         | 105 | Siswati         |     |            |
| 046 | Hindi          | 106 | Slovak          |     |            |
| 047 | Hungarian      | 107 | Slovenian       |     |            |
| 048 | Icelandic      | 108 | Somali          |     |            |
| 049 | Indonesian     | 109 | Spanish         |     |            |
| 050 | Interlingua    | 110 | Sundanese       |     |            |
| 051 | Interlingue    | 111 | Swahili         |     |            |
| 052 | Inuktitut      | 112 | Swedish         |     |            |
| 053 | Inupiak        | 113 | Tagalog         |     |            |
| 054 | Irish          | 114 | Tajik           |     |            |
| 055 | Italian        | 115 | Tamil           |     |            |
| 056 | Japanese       | 116 | Tatar           |     |            |
| 057 | Javanese       | 117 | Telugu          |     |            |
| 058 | Kannada        | 118 | Thai            |     |            |
| 059 | Kashmiri       | 119 | Tibetan         |     |            |
| 060 | Kazakh         | 120 | Tigrinya        |     |            |

# Code Lists

## 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 Angeles  
005 Keck School of Medicine  
401 Life Chiropractic College West  
301 Loma Linda University School of Dentistry  
006 Loma Linda University School of Medicine  
402 Los Angeles College of Chiropractic  
403 Palmer College of Chiropractic West  
404 Quantum University/SCCC  
007 Stanford University School of Medicine  
501 Touro University College of Osteopathic Medicine  
008 UCLA School of Medicine  
009 University of California  
010 University of California, Irvine, College of Medicine  
302 University of California, Los Angeles School of Dentistry  
011 University of California, San Diego, School of Medicine  
303 University of California, San Francisco, School of Dentistry  
012 University of California, San Francisco, School of Medicine  
304 University of Southern California School of Dentistry  
305 University of the Pacific School of Dentistry  
502 Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

### Colorado

306 University of Colorado School of Dentistry  
013 University of Colorado School of Medicine

### Connecticut

405 University of Bridgeport College of Chiropractic  
307 University of Connecticut School of Dental Medicine  
014 University of Connecticut School of Medicine  
015 Yale University School of Medicine

### District of Columbia

016 George Washington University  
017 Georgetown University School of Medicine  
308 Howard University College of Dentistry  
018 Howard University College of Medicine

### Florida

800 Barry University School of Graduate Medical Sciences  
309 Nova Southeastern University College of Dentistry  
503 Nova Southeastern University College of Osteopathic Medicine  
310 University of Florida College of Dentistry  
019 University of Florida College of Medicine  
020 University of Miami School of Medicine  
021 University of South Florida College of Medicine

### Georgia

022 Emory University School of Medicine  
406 Life Chiropractic College  
311 Medical College of Georgia School of Dentistry  
023 Medical College of Georgia School of Medicine  
024 Mercer University School of Medicine  
025 Morehouse School of Medicine

### Hawaii

026 John A. Burns School of Medicine

### Iowa

802 College of Podiatric Medicine and Surgery Des Moines University  
504 Des Moines University, Osteopathic Medical Center, College of Osteopathic Medicine and Surgery  
407 Palmer College of Chiropractic  
312 University of Iowa College of Dentistry  
027 University of Iowa College of Medicine

### Illinois

028 Chicago Medical School, Finch University of Health Sciences  
029 Loyola University Chicago, Stritch School of Medicine  
505 Midwestern University, Chicago College of Osteopathic Medicine  
408 National College of Chiropractic  
313 Northwestern University Dental School  
030 Northwestern University Medical School  
031 Rush Medical College of Rush University  
804 Scholl College of Podiatric Medicine at Finch University  
314 Southern Illinois University School of Dental Medicine  
032 Southern Illinois University School of Medicine  
033 University of Chicago, The Pritzker School of Medicine  
315 University of Illinois at Chicago College of Dentistry  
034 University of Illinois College of Medicine

### Indiana

316 Indiana University School of Dentistry  
035 Indiana University School of Medicine

### Kansas

036 University of Kansas School of Medicine

### Kentucky

506 Pikeville College, School of Osteopathic Medicine  
317 University of Kentucky College of Dentistry  
037 University of Kentucky College of Medicine  
318 University of Louisville School of Dentistry  
038 University of Louisville School of Medicine

### Louisiana

319 Louisiana State University School of Dentistry  
039 Louisiana State University School of Medicine in New Orleans  
040 Louisiana State University School of Medicine in Shreveport  
041 Tulane University School of Medicine

### Massachusetts

042 Boston University School of Medicine  
320 Boston University, Goldman School of Dental Medicine  
043 Harvard Medical School  
321 Harvard School of Dental Medicine  
322 Tufts University School of Dental Medicine  
044 Tufts University School of Medicine  
045 University of Massachusetts Medical School

### Maryland

046 Johns Hopkins University School of Medicine  
047 Uniformed Services University of the Health Sciences  
048 University of Maryland School of Medicine  
323 University of Maryland, Baltimore, College of Dental Surgery

### Maine

507 University of New England, College of Osteopathic Medicine

### Michigan

049 Michigan State University College of Human Medicine  
508 Michigan State University, College of Osteopathic Medicine  
324 University of Detroit Mercy School of Dentistry  
050 University of Michigan Medical School  
325 University of Michigan School of Dentistry  
051 Wayne State University School of Medicine

### Minnesota

052 Mayo Medical School  
409 Northwestern College of Chiropractic  
053 University of Minnesota, Duluth School of Medicine  
054 University of Minnesota Medical School, Twin Cities  
326 University of Minnesota School of Dentistry

### Missouri

410 Cleveland Chiropractic College of Kansas City  
509 Kirksville College of Osteopathic Medicine  
411 Logan Chiropractic College  
055 Saint Louis University School of Medicine  
510 University of Health Sciences, College of Osteopathic Medicine

056 University of Missouri, Columbia School of Medicine  
327 University of Missouri Kansas City School of Dentistry  
057 University of Missouri Kansas City School of Medicine  
058 Washington University in St. Louis School of Medicine

# Code Lists

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

### Mississippi

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

### North Carolina

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

### North Dakota

064 University of North Dakota School of Medicine and Health Sciences

### Nebraska

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

### New Hampshire

067 Dartmouth Medical School

### New Jersey

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

### New Mexico

070 University of New Mexico School of Medicine

### Nevada

071 University of Nevada School of Medicine

### New York

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

### Ohio

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

### Oklahoma

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

### Oregon

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  
094 Pennsylvania State University College of Medicine  
516 Philadelphia College of Osteopathic Medicine  
341 Temple University School of Dentistry  
095 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 Dentistry  
107 University of Tennessee College of Medicine  
108 Vanderbilt University School of Medicine

### Texas

348 Baylor College of Dentistry  
109 Baylor College of Medicine  
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  
350 University of Texas Health Science Center at San Antonio Dental School  
112 University of Texas Medical Branch at Galveston  
113 University of Texas Medical School at Houston  
114 University of Texas Medical School at San Antonio  
115 UT Southwestern Medical Center at Dallas Southwestern Medical School

### Utah

116 University of Utah School of Medicine

### Virginia

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

### Vermont

120 University of Vermont College of Medicine

### Washington

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

### Wisconsin

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

### West Virginia

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

# Code Lists

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

### Canada

|     |   |
|-----|---|
| 355 | Dalhousie University Faculty of Dentistry                         |
| 126 | Dalhousie University Faculty of Medicine                          |
| 357 | Laval University Faculty of Dentistry                             |
| 127 | Laval University Faculty of Medicine                              |
| 356 | McGill University Faculty of Dentistry                            |
| 128 | McGill University Faculty of Medicine                             |
| 129 | McMaster University School of Medicine                            |
| 130 | Memorial University of Newfoundland Faculty of Medicine           |
| 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                        |
| 134 | Universite de Sherbrooke Faculty of Medicine                      |
| 358 | University of Alberta Faculty of Dentistry                        |
| 135 | University of Alberta Faculty of Medicine                         |
| 359 | University of British Columbia Faculty of Dentistry               |
| 136 | University of British Columbia Faculty of Medicine                |
| 137 | University of Calgary Faculty of Medicine                         |
| 360 | University of Manitoba Faculty of Dentistry                       |
| 138 | University of Manitoba Faculty of Medicine                        |
| 361 | University of Montreal Faculty of Dentistry                       |
| 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                         |
| 364 | 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 | Allergy & Immunology   | 832 | Internal Medicine, Bariatric Medicine Specialization       | 260 | Obstetrics & Gynecology, Critical Care Medicine               |
| 246 | Allergy & Immunology, Allergy                                |     |  | 326 | Obstetrics & Gynecology, Gynecologic Oncology                 |
| 291 | Allergy & Immunology, Clinical & Laboratory Immunology       | 255 | Internal Medicine, Cardiovascular Disease                  | 286 | Obstetrics & Gynecology, Gynecology                           |
|     |  | 294 | Internal Medicine, Clinical & Laboratory Immunology        | 817 | Obstetrics & Gynecology, Hospice and Palliative Medicine      |
| 249 | Anesthesiology   |     |  | 303 | Obstetrics & Gynecology, Maternal & Fetal Medicine            |
| 235 | Anesthesiology, Addiction Medicine                           | 253 | Internal Medicine, Clinical Cardiac Electrophysiology      | 320 | Obstetrics & Gynecology, Obstetrics                           |
| 258 | Anesthesiology, Critical Care Medicine                       | 257 | Internal Medicine, Critical Care Medicine                  | 271 | Obstetrics & Gynecology, Reproductive Endocrinology           |
| 812 | Anesthesiology, Hospice and Palliative Medicine              | 267 | Internal Medicine, Endocrinology, Diabetes & Metabolism    | 328 | Ophthalmology   |
| 126 | Anesthesiology, Pain Medicine                                | 275 | Internal Medicine, Gastroenterology                        | 441 | Oral & Maxillofacial Surgery                                  |
| 363 | Clinical Pharmacology  | 285 | Internal Medicine, Geriatric Medicine                      | 411 | Orthopaedic Surgery   |
| 367 | Colon & Rectal Surgery                                       | 287 | Internal Medicine, Hematology                              | 412 | Orthopaedic Surgery, Adult Reconstructive Orthopaedic Surgery |
| 263 | Dermatology  | 288 | Internal Medicine, Hematology & Oncology                   | 456 | Orthopaedic Surgery, Foot and Ankle Surgery                   |
| 292 | Dermatology, Clinical & Laboratory Dermatological Immunology | 450 | Internal Medicine, Hepatology                              | 406 | Orthopaedic Surgery, Hand Surgery                             |
| 444 | Dermatology, Dermatological Surgery                          | 816 | Internal Medicine, Hospice and Palliative Medicine         | 415 | Orthopaedic Surgery, Orthopaedic Surgery of the Spine         |
| 266 | Dermatology, Dermatopathology                                | 299 | Internal Medicine, Infectious Disease                      | 416 | Orthopaedic Surgery, Orthopaedic Trauma                       |
| 264 | Dermatology, MOHS-Micrographic Surgery                       | 451 | Internal Medicine, Interventional Cardiology               | 803 | Orthopaedic Surgery, Pediatric Orthopaedic Surgery            |
| 443 | Dermatology, Pediatric Dermatology                           | 453 | Internal Medicine, Magnetic Resonance Imaging (MRI)        | 457 | Orthopaedic Surgery, Sports Medicine                          |
| 268 | Emergency Medicine   | 325 | Internal Medicine, Medical Oncology                        | 119 | Orthopedic  |
| 445 | Emergency Medicine, Emergency Medical Services               | 309 | Internal Medicine, Nephrology                              | 331 | Otolaryngology  |
| 813 | Emergency Medicine, Hospice and Palliative Medicine          | 378 | Internal Medicine, Pulmonary Disease                       | 458 | Otolaryngology, Otolaryngic Allergy                           |
| 427 | Emergency Medicine, Medical Toxicology                       | 390 | Internal Medicine, Rheumatology                            | 459 | Otolaryngology, Otolaryngology/ Facial Plastic Surgery        |
| 348 | Emergency Medicine, Pediatric Emergency Medicine             | 802 | Internal Medicine, Sleep Medicine                          | 332 | Otolaryngology, Otolology & Neurotology                       |
| 395 | Emergency Medicine, Sports Medicine                          | 397 | Internal Medicine, Sports Medicine                         | 357 | Otolaryngology, Pediatric Otolaryngology                      |
| 446 | Emergency Medicine, Undersea and Hyperbaric Medicine         | 833 | Internal Medicine, Transplant Hepatology                   | 417 | Otolaryngology, Plastic Surgery within the Head & Neck        |
| 391 | Facial Plastic Surgery                                       | 433 | Laboratories, Clinical Medical Laboratory                  | 804 | Otolaryngology, Sleep Medicine                                |
| 272 | Family Medicine  | 481 | Legal Medicine   | 480 | Pain Medicine, Interventional Pain Medicine                   |
| 447 | Family Medicine, Addiction Medicine                          | 278 | Medical Genetics, Clinical Biochemical Genetics            | 337 | Pain Medicine   |
| 237 | Family Medicine, Adolescent Medicine                         | 261 | Medical Genetics, Clinical Cytogenetic                     | 338 | Pathology, Anatomic Pathology                                 |
| 448 | Family Medicine, Adult Medicine                              | 277 | Medical Genetics, Clinical Genetics (M.D.)                 | 340 | Pathology, Anatomic Pathology & Clinical Pathology            |
| 831 | Family Medicine, Bariatric Medicine Specialization           | 280 | Medical Genetics, Clinical Molecular Genetics              | 250 | Pathology, Blood Banking & Transfusion Medicine               |
| 282 | Family Medicine, Geriatric Medicine                          | 455 | Medical Genetics, Molecular Genetic Pathology              | 344 | Pathology, Chemical Pathology                                 |
| 814 | Family Medicine, Hospice and Palliative Medicine             | 454 | Medical Genetics, Ph.D. Medical Genetics                   | 835 | Pathology, Clinical Pathology                                 |
| 396 | Family Medicine, Sports Medicine                             | 306 | Neonatal-Perinatal Medicine                                | 302 | Pathology, Clinical Pathology/Laboratory Medicine             |
| 225 | General Practice   | 308 | Neopathology   | 262 | Pathology, Cytopathology                                      |
| 479 | Hospitalist  | 409 | Neurosurgical Surgery                                      | 265 | Pathology, Dermatopathology                                   |
| 815 | Independent Medical Examiner                                 | 330 | Neuromusculoskeletal Medicine & OMM                        | 273 | Pathology, Forensic Pathology                                 |
| 301 | Internal Medicine  | 440 | Neuromusculoskeletal Medicine, Sports Medicine             | 290 | Pathology, Hematology   |
| 449 | Internal Medicine, Addiction Medicine                        | 317 | Nuclear Medicine   |     |   |
| 236 | Internal Medicine, Adolescent Medicine                       | 318 | Nuclear Medicine, In Vivo & In Vitro Nuclear Medicine      |     |   |
| 248 | Internal Medicine, Allergy & Immunology                      | 315 | Nuclear Medicine, Nuclear Cardiology                       |     |   |
|     |  | 316 | Nuclear Medicine, Nuclear Imaging & Therapy                |     |   |
|     |  | 321 | Obstetrics & Gynecology                                    |     |   |
|     |  | 834 | Obstetrics & Gynecology, Bariatric Medicine Specialization |     |   |



# Code Lists

## Specialty Codes - MD/DO Only

|     |   |     |   |     |  |     |  |
|-----|---|-----|---|-----|--|-----|--|
| 298 | Pathology, Immunopathology                        | 836 | Pediatrics, Pediatric Transplant Hepatology                           | 370 | Psychiatry & Neurology, Addiction Medicine                                       | 476 | Psychiatry & Neurology, Vascular Neurology         |
| 305 | Pathology, Medical Microbiology                   | 806 | Pediatrics, Sleep Medicine  | 473 | Psychiatry & Neurology, Addiction Psychiatry                                     | 366 | Public Health & General Preventive Medicine        |
| 461 | Pathology, Molecular Genetic Pathology            | 398 | Pediatrics, Sports Medicine   | 838 | Psychiatry & Neurology, Bariatric Medicine                                       | 252 | Radiology, Body Imaging                            |
| 312 | Pathology, Neuropathology                         | 819 | Phlebology  | 371 | Psychiatry & Neurology, Child & Adolescent Psychiatry                            | 824 | Radiology, Diagnostic NeuroImaging                 |
| 358 | Pathology, Pediatric Pathology                    | 365 | Physical Medicine & Rehabilitation                                    | 313 | Psychiatry & Neurology, Clinical Neurophysiology                                 | 173 | Radiology, Diagnostic Radiology                    |
| 244 | Pediatrics  | 820 | Physical Medicine & Rehabilitation, Hospice and Palliative Medicine   | 821 | Psychiatry & Neurology, Diagnostic NeuroImaging                                  | 430 | Radiology, Diagnostic Ultrasound                   |
| 805 | Pediatric Anesthesiology                          | 837 | Physical Medicine & Rehabilitation, Neuromuscular Medicine            | 274 | Psychiatry & Neurology, Forensic Psychiatry                                      | 825 | Radiology, Hospice and Palliative Medicine         |
| 239 | Pediatrics, Adolescent Medicine                   | 468 | Physical Medicine & Rehabilitation, Pain Medicine                     | 373 | Psychiatry & Neurology, Geriatric Psychiatry                                     | 314 | Radiology, Neuroradiology                          |
| 295 | Pediatrics, Clinical & Laboratory Immunology      | 389 | Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine | 822 | Psychiatry & Neurology, Hospice and Palliative Medicine                          | 319 | Radiology, Nuclear Radiology                       |
| 462 | Pediatrics, Developmental – Behavioral Pediatrics | 466 | Physical Medicine & Rehabilitation, Spinal Cord Injury Medicine       | 472 | Psychiatry & Neurology, Neurodevelopmental Disabilities                          | 360 | Radiology, Pediatric Radiology                     |
| 818 | Pediatrics, Hospice and Palliative Medicine       | 469 | Physical Medicine & Rehabilitation, Sports Medicine                   | 100 | Psychiatry & Neurology, Neurology  | 380 | Radiology, Radiation Oncology                      |
| 354 | Pediatrics, Medical Toxicology                    | 419 | Plastic Surgery   | 311 | Psychiatry & Neurology, Neurology with Special Qualifications in Child Neurology | 477 | Radiology, Radiological Physics                    |
| 356 | Pediatrics, Neurodevelopmental Disabilities       | 470 | Plastic Surgery, Plastic Surgery Within the Head and Neck             | 839 | Psychiatry & Neurology, Neuromuscular Medicine                                   | 381 | Radiology, Therapeutic Radiology                   |
| 345 | Pediatrics, Pediatric Allergy & Immunology        | 407 | Plastic Surgery, Surgery of the Hand                                  | 474 | Psychiatry & Neurology, Pain Medicine  | 384 | Radiology, Vascular & Interventional Radiology     |
| 346 | Pediatrics, Pediatric Cardiology                  | 242 | Preventive Medicine, Aerospace Medicine                               | 368 | Psychiatry & Neurology, Psychiatry   | 434 | Supplier   |
| 347 | Pediatrics, Pediatric Critical Care Medicine      | 429 | Preventive Medicine, Medical Toxicology                               | 823 | Psychiatry & Neurology, Psychosomatic Medicine                                   | 399 | Surgery  |
| 463 | Pediatrics, Pediatric Emergency Medicine          | 112 | Preventive Medicine, Occupational Medicine                            | 809 | Psychiatry & Neurology, Sleep Medicine   | 826 | Surgery, Hospice and Palliative Medicine           |
| 349 | Pediatrics, Pediatric Endocrinology               | 471 | Preventive Medicine, Sports Medicine                                  | 475 | Psychiatry & Neurology, Sports Medicine  | 418 | Surgery, Pediatric Surgery                         |
| 350 | Pediatrics, Pediatric Gastroenterology            | 431 | Preventive Medicine, Undersea and Hyperbaric Medicine                 |     |  | 420 | Surgery, Plastic and Reconstructive Surgery        |
| 351 | Pediatrics, Pediatric Hematology-Oncology         | 114 | Preventive Medicine/Occupational Environmental Medicine               |     |  | 405 | Surgery, Surgery of the Hand                       |
| 352 | Pediatrics, Pediatric Infectious Diseases         |     |   |     |  | 425 | Surgery, Surgical Critical Care                    |
| 355 | Pediatrics, Pediatric Nephrology                  |     |   |     |  | 413 | Surgery, Surgical Oncology                         |
| 359 | Pediatrics, Pediatric Pulmonology                 |     |   |     |  | 423 | Surgery, Trauma Surgery                            |
| 361 | Pediatrics, Pediatric Rheumatology                |     |   |     |  | 400 | Surgery, Vascular Surgery                          |
|     |   |     |   |     |  | 421 | Thoracic Surgery (Cardiothoracic Vascular Surgery) |
|     |   |     |   |     |  | 442 | Transplant Surgery                                 |
|     |   |     |   |     |  | 424 | Urology  |
|     |   |     |   |     |  | 811 | Urology, Pediatric Urology                         |

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

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

| DDS / DMD   | DPM                                    | DC  |
|---|--|---|
| 2   | 3                                      | 1   |
| 13  | 231                                    | 827   |
| 14  | 230                                    | 5   |
| 438   | 227                                    | 6   |
| 16  | 226                                    | 7   |
| 439   | 228                                    | 8   |
| 20  | 229                                    | 9   |
| 15  |  | 10  |
| 17  |  | 801   |
| 18  |  | 11  |
| 19  |  | 12  |
| Dentist   | Podiatrist                             | Chiropractor                                |
| Dentist, Dental Public Health                     | Podiatrist, Foot & Ankle Surgery       | Chiropractor, Independent Medical Examiner  |
| Dentist, Endodontics                              | Podiatrist, Foot Surgery               | Chiropractor, Internist                     |
| Dentist, General Practice                         | Podiatrist, Primary Podiatric Medicine | Chiropractor, Neurology                     |
| Dentist, Oral and Maxillofacial Pathology         | Podiatrist, Public Medicine            | Chiropractor, Nutrition                     |
| Dentist, Oral and Maxillofacial Radiology         | Podiatrist, Radiology                  | Chiropractor, Occupational Medicine         |
| Dentist, Oral and Maxillofacial Surgery           | Podiatrist, Sports Medicine            | Chiropractor, Orthopedic                    |
| Dentist, Orthodontics and Dentofacial Orthopedics |  | Chiropractor, Radiology                     |
| Dentist, Pediatric Dentistry                      |  | Chiropractor, Rehabilitation Specialization |
| Dentist, Periodontics                             |  | Chiropractor, Sports Physician              |
| Dentist, Prosthodontics                           |  | Chiropractor, Thermography                  |

## Specialty Codes - Allied Providers

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

|     |   |     |  |
|-----|---|-----|--|
| 501 | Acupuncturist   | 751 | Clinical Nurse Specialist, Psychiatric/Mental Health, Adult              |
| 503 | Audiologist   | 752 | Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent |
| 504 | Audiologist, Assistive Technology Practitioner            | 753 | Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family     |
| 505 | Audiologist, Assistive Technology Supplier                | 754 | Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically Ill    |
| 841 | Certified First Assistant                                 | 755 | Clinical Nurse Specialist, Psychiatric/Mental Health, Community          |
| 531 | Christian Science Practitioner                            | 756 | Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric    |
| 727 | Clinical Nurse Specialist                                 | 757 | Clinical Nurse Specialist, Rehabilitation                                |
| 728 | Clinical Nurse Specialist, Acute Care                     | 759 | Clinical Nurse Specialist, School  |
| 729 | Clinical Nurse Specialist, Adult Health                   | 758 | Clinical Nurse Specialist, Transplantation                               |
| 730 | Clinical Nurse Specialist, Chronic Care                   | 760 | Clinical Nurse Specialist, Women's Health                                |
| 731 | Clinical Nurse Specialist, Community Health/Public Health | 513 | Counselor  |
| 732 | Clinical Nurse Specialist, Critical Care Medicine         | 514 | Counselor, Addiction (Substance Use Disorder)                            |
| 733 | Clinical Nurse Specialist, Emergency                      | 515 | Counselor, Mental Health   |
| 734 | Clinical Nurse Specialist, Ethics                         | 516 | Counselor, Professional  |
| 735 | Clinical Nurse Specialist, Family Health                  | 533 | Dietitian, Registered  |
| 736 | Clinical Nurse Specialist, Gerontology                    | 536 | Dietitian, Registered, Nutrition, Metabolic                              |
| 737 | Clinical Nurse Specialist, Holistic                       | 534 | Dietitian, Registered, Nutrition, Pediatric                              |
| 738 | Clinical Nurse Specialist, Home Health                    | 535 | Dietitian, Registered, Nutrition, Renal                                  |
| 739 | Clinical Nurse Specialist, Informatics                    | 651 | Licensed Practical Nurse   |
| 740 | Clinical Nurse Specialist, Long-Term Care                 | 517 | Marriage & Family Therapist  |
| 741 | Clinical Nurse Specialist, Medical-Surgical               | 547 | Massage Therapist  |
| 742 | Clinical Nurse Specialist, Neonatal                       | 549 | Midwife, Certified   |
| 743 | Clinical Nurse Specialist, Neuroscience                   | 652 | Midwife, Certified Nurse   |
| 744 | Clinical Nurse Specialist, Occupational Health            | 551 | Naturopath   |
| 745 | Clinical Nurse Specialist, Oncology                       | 553 | Clinical Neuropsychologist   |
| 746 | Clinical Nurse Specialist, Oncology, Pediatrics           | 653 | Nurse Anesthetist, Certified Registered                                  |
| 747 | Clinical Nurse Specialist, Pediatrics                     | 654 | Nurse Practitioner   |
| 748 | Clinical Nurse Specialist, Perinatal                      | 655 | Nurse Practitioner, Acute Care   |
| 749 | Clinical Nurse Specialist, Perioperative                  | 656 | Nurse Practitioner, Adult Health   |
| 750 | Clinical Nurse Specialist, Psychiatric/Mental Health      | 657 | Nurse Practitioner, Critical Care Medicine                               |

# Code Lists

## Specialty Codes - Allied Providers (continued)

|     |   |     |  |
|-----|---|-----|--|
| 658 | Nurse Practitioner, Community Health                          | 679 | Registered Nurse, Continuing Education/Staff Development           |
| 659 | Nurse Practitioner, Family                                    | 675 | Registered Nurse, Critical Care Medicine                           |
| 660 | Nurse Practitioner, Gerontology                               | 682 | Registered Nurse, Diabetes Educator                                |
| 661 | Nurse Practitioner, Neonatal                                  | 683 | Registered Nurse, Dialysis, Peritoneal                             |
| 662 | Nurse Practitioner, Neonatal, Critical Care                   | 684 | Registered Nurse, Emergency  |
| 670 | Nurse Practitioner, Obstetrics & Gynecology                   | 685 | Registered Nurse, Enterostomal Therapy                             |
| 671 | Nurse Practitioner, Occupational Health                       | 686 | Registered Nurse, Flight   |
| 663 | Nurse Practitioner, Pediatrics                                | 688 | Registered Nurse, Gastroenterology                                 |
| 664 | Nurse Practitioner, Pediatrics, Critical Care                 | 687 | Registered Nurse, General Practice                                 |
| 666 | Nurse Practitioner, Perinatal                                 | 689 | Registered Nurse, Gerontology                                      |
| 667 | Nurse Practitioner, Primary Care                              | 691 | Registered Nurse, Hemodialysis                                     |
| 665 | Nurse Practitioner, Psych/Mental Health                       | 690 | Registered Nurse, Home Health                                      |
| 668 | Nurse Practitioner, School                                    | 692 | Registered Nurse, Hospice  |
| 669 | Nurse Practitioner, Women's Health                            | 694 | Registered Nurse, Infection Control                                |
| 537 | Nutritionist  | 693 | Registered Nurse, Infusion Therapy                                 |
| 538 | Nutritionist, Nutrition, Education                            | 695 | Registered Nurse, Lactation Consultant                             |
| 555 | Occupational Therapist  | 696 | Registered Nurse, Maternal Newborn                                 |
| 556 | Occupational Therapist, Ergonomics                            | 697 | Registered Nurse, Medical-Surgical                                 |
| 557 | Occupational Therapist, Hand                                  | 699 | Registered Nurse, Neonatal Intensive Care                          |
| 558 | Occupational Therapist, Human Factors                         | 700 | Registered Nurse, Neonatal, Low-Risk                               |
| 559 | Occupational Therapist, Neurorehabilitation                   | 701 | Registered Nurse, Nephrology                                       |
| 560 | Occupational Therapist, Pediatrics                            | 702 | Registered Nurse, Neuroscience                                     |
| 561 | Occupational Therapist, Rehabilitation, Driver                | 698 | Registered Nurse, Nurse Massage Therapist (NMT)                    |
| 563 | Optician  | 703 | Registered Nurse, Nutrition Support                                |
| 565 | Optometrist   | 719 | Registered Nurse, Obstetric, High-Risk                             |
| 566 | Optometrist, Corneal and Contact Management                   | 720 | Registered Nurse, Obstetric, Inpatient                             |
| 567 | Optometrist, Low Vision Rehabilitation                        | 721 | Registered Nurse, Occupational Health                              |
| 571 | Optometrist, Occupational Vision                              | 722 | Registered Nurse, Oncology   |
| 568 | Optometrist, Pediatrics                                       | 725 | Registered Nurse, Ophthalmic                                       |
| 569 | Optometrist, Sports Vision                                    | 724 | Registered Nurse, Orthopedic                                       |
| 570 | Optometrist, Vision Therapy                                   | 726 | Registered Nurse, Ostomy Care                                      |
| 573 | Pharmacist  | 723 | Registered Nurse, Otorhinolaryngology & Head-Neck                  |
| 574 | Pharmacist, General Practice                                  | 704 | Registered Nurse, Pain Management                                  |
| 807 | Pharmacist, Geriatric   | 706 | Registered Nurse, Pediatric Oncology                               |
| 575 | Pharmacist, Nuclear   | 705 | Registered Nurse, Pediatrics                                       |
| 576 | Pharmacist, Nutrition Support                                 | 710 | Registered Nurse, Perinatal  |
| 808 | Pharmacist, Oncology  | 714 | Registered Nurse, Plastic Surgery                                  |
| 577 | Pharmacist, Pharmacotherapy                                   | 708 | Registered Nurse, Psych/Mental Health                              |
| 578 | Pharmacist, Psychiatric                                       | 709 | Registered Nurse, Psych/Mental Health, Adult                       |
| 580 | Physical Therapist  | 707 | Registered Nurse, Psych/Mental Health, Child & Adolescent          |
| 581 | Physical Therapist, Cardiopulmonary                           | 810 | Registered Nurse, Registered Nurse First Assistant                 |
| 583 | Physical Therapist, Electrophysiology, Clinical               | 712 | Registered Nurse, Rehabilitation                                   |
| 582 | Physical Therapist, Ergonomics                                | 713 | Registered Nurse, Reproductive Endocrinology/Infertility           |
| 584 | Physical Therapist, Geriatrics                                | 715 | Registered Nurse, School   |
| 585 | Physical Therapist, Hand                                      | 716 | Registered Nurse, Urology  |
| 586 | Physical Therapist, Human Factors                             | 718 | Registered Nurse, Women's Health Care, Ambulatory                  |
| 587 | Physical Therapist, Neurology                                 | 717 | Registered Nurse, Wound Care                                       |
| 590 | Physical Therapist, Orthopedic                                | 617 | Respiratory Therapist, Certified                                   |
| 588 | Physical Therapist, Pediatrics                                | 618 | Respiratory Therapist, Certified, Critical Care                    |
| 589 | Physical Therapist, Sports                                    | 620 | Respiratory Therapist, Certified, Educational                      |
| 592 | Physician Assistant   | 619 | Respiratory Therapist, Certified, Emergency Care                   |
| 593 | Physician Assistant, Medical                                  | 622 | Respiratory Therapist, Certified, General Care                     |
| 594 | Physician Assistant, Surgical                                 | 621 | Respiratory Therapist, Certified, Geriatric Care                   |
| 840 | Poetry Therapist  | 623 | Respiratory Therapist, Certified, Home Health                      |
| 828 | Psychoanalyst   | 628 | Respiratory Therapist, Certified, Neonatal/Pediatrics              |
| 596 | Psychologist  | 627 | Respiratory Therapist, Certified, Palliative/Hospice               |
| 597 | Psychologist, Addiction (Substance Use Disorder)              | 629 | Respiratory Therapist, Certified, Patient Transport                |
| 598 | Psychologist, Adult Development & Aging                       | 624 | Respiratory Therapist, Certified, Pulmonary Diagnostics            |
| 599 | Psychologist, Cognitive & Behavioral                          | 626 | Respiratory Therapist, Certified, Pulmonary Function Technologist  |
| 602 | Psychologist, Clinical Child & Adolescent                     | 625 | Respiratory Therapist, Certified, Pulmonary Rehabilitation         |
| 600 | Psychologist, Clinical  | 630 | Respiratory Therapist, Certified, SNF/Subacute Care                |
| 601 | Psychologist, Counseling                                      | 631 | Respiratory Therapist, Registered                                  |
| 604 | Psychologist, Exercise & Sports                               | 632 | Respiratory Therapist, Registered, Critical Care                   |
| 605 | Psychologist, Family  | 634 | Respiratory Therapist, Registered, Educational                     |
| 606 | Psychologist, Forensic  | 633 | Respiratory Therapist, Registered, Emergency Care                  |
| 607 | Psychologist, Health  | 636 | Respiratory Therapist, Registered, General Care                    |
| 609 | Psychologist, Mental Retardation & Developmental Disabilities | 635 | Respiratory Therapist, Registered, Geriatric Care                  |
| 830 | Psychologist, Prescribing                                     | 637 | Respiratory Therapist, Registered, Home Health                     |
| 610 | Psychologist, Psychoanalysis                                  | 642 | Respiratory Therapist, Registered, Neonatal/Pediatrics             |
| 611 | Psychologist, Psychotherapy                                   | 641 | Respiratory Therapist, Registered, Palliative/Hospice              |
| 612 | Psychologist, Group Psychotherapy                             | 643 | Respiratory Therapist, Registered, Patient Transport               |
| 613 | Psychologist, Rehabilitation                                  | 638 | Respiratory Therapist, Registered, Pulmonary Diagnostics           |
| 614 | Psychologist, School  | 640 | Respiratory Therapist, Registered, Pulmonary Function Technologist |
| 672 | Registered Nurse  | 639 | Respiratory Therapist, Registered, Pulmonary Rehabilitation        |
| 673 | Registered Nurse, Addiction (Substance Use Disorder)          | 644 | Respiratory Therapist, Registered, SNF/Subacute Care               |
| 674 | Registered Nurse, Administrator                               | 646 | Social Worker, Clinical  |
| 711 | Registered Nurse, Ambulatory Care                             | 648 | Specialist/Technologist, Other, Biomedical Engineering             |
| 681 | Registered Nurse, Cardiac Rehabilitation                      | 506 | Speech-Language Pathologist  |
| 676 | Registered Nurse, Case Management                             | 649 | Technician, Other, Biomedical Engineering                          |
| 677 | Registered Nurse, College Health                              | 502 | Other, Not Listed  |
| 678 | Registered Nurse, Community Health                            |     |  |
| 680 | Registered Nurse, Continence Care                             |     |  |

# Code Lists

## Specialty Boards - Allied Providers

|   |   |
|---|---|
| 940 Academy of Certified Social Workers                               | 350 American Nurses Credentialing Center                                    |
| 1150 ACNM Certification Council                                       | 740 American Psychological Association                                      |
| 360 American Academy of Ambulatory Care Nursing                       | 750 American Psychological Society  |
| 1550 American Academy of Anesthesiologist Assistants                  | 760 American Psychotherapy Association                                      |
| 230 American Academy of Audiology                                     | 290 American Society of Addiction Medicine                                  |
| 370 American Academy of Experts in Traumatic Stress                   | 1650 American Speech-Language-Hearing Association                           |
| 270 American Academy of Health Providers in the Addictive Disorders   | 250 Biofeedback Certification Institute of America                          |
| 200 American Academy of Medical Acupuncture                           | 1430 Board of Pharmaceutical Specialties                                    |
| 405 American Academy of Nurse Practitioners                           | 1250 Commission on Dietetic Registration                                    |
| 380 American Academy of Nursing                                       | 960 Employee Assistance Professionals Association                           |
| 1330 American Academy of Optometry                                    | 780 National Association for the Advancement of Psychoanalysis              |
| 1480 American Academy of Physician Assistants                         | 1450 National Association of Boards of Pharmacy                             |
| 1110 American Association for Marriage and Family Therapy             | 1600 National Association of Nurse Anesthetists                             |
| 390 American Association of Critical Care Nurses                      | 770 National Association of School Psychologists                            |
| 1590 American Association of Nurse Anesthetists                       | 980 National Association of Social Workers                                  |
| 330 American Association of Pastoral Counselors                       | 1310 National Board for Certification in Occupational Therapy               |
| 1010 American Association of Sex Educators, Counselors and Therapists | 1490 National Board for Certification of Orthopaedic Physician Assistants   |
| 710 American Board Medical Psychotherapists                           | 790 National Board for Certified Clinical Hypnotherapists                   |
| 280 American Board of Addiction Medicine                              | 310 National Board for Certified Counselors                                 |
| 950 American Board of Examiners in Clinical Social Work               | 1630 National Board for Respiratory Care                                    |
| 720 American Board of Medical Psychotherapists & Psychodiagnosticians | 300 National Board of Addiction Examiners                                   |
| 400 American Board of Nursing Specialties                             | 800 National Board of Cognitive Behavioral Therapists                       |
| 1240 American Board of Nutrition                                      | 1350 National Board of Examiners in Optometry                               |
| 1300 American Board of Occupational Medicine                          | 1090 National Certification Board for Therapeutic Massage and Bodywork      |
| 1360 American Board of Ophthalmology                                  | 210 National Certification Commission for Acupuncture and Oriental Medicine |
| 1510 American Board of Physical Therapy Specialties                   | 1440 National Institute for Standards in Pharmacist Credentialing           |
| 700 American Board of Professional Psychology                         | 220 Other - Not Listed  |
| 1130 American Naturopath Certification Board                          |   |

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

### MD Boards

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| 044 American Board of Allergy & Immunology               |
| 045 American Board of Anesthesiology                     |
| 046 American Board of Colon & Rectal Surgery             |
| 047 American Board of Dermatology                        |
| 048 American Board of Emergency Medicine                 |
| 049 American Board of Family Medicine                    |
| 050 American Board of Internal Medicine                  |
| 051 American Board of Medical Genetics                   |
| 052 American Board of Neurological Surgery               |
| 053 American Board of Nuclear Medicine                   |
| 054 American Board of Obstetrics & Gynecology            |
| 055 American Board of Ophthalmology                      |
| 109 American Board of Oral & Maxillofacial Surgeons      |
| 056 American Board of Orthopaedic Surgery                |
| 057 American Board of Otolaryngology                     |
| 058 American Board of Pathology                          |
| 059 American Board of Pediatrics                         |
| 060 American Board of Physical Medicine & Rehabilitation |
| 061 American Board of Plastic Surgery                    |
| 062 American Board of Preventive Medicine                |
| 063 American Board of Psychiatry & Neurology             |
| 064 American Board of Radiology                          |
| 065 American Board of Surgery                            |
| 066 American Board of Thoracic Surgery                   |
| 067 American Board of Urology                            |
| 142 Boards other than ABMS/AOA                           |

### Dental Boards

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| 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  |

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| 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

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| 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                          |

### DPM Boards

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| 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        |