



**Kentucky Application
for
Provider Evaluation and
Reevaluation**

April 2009

KAPER-1 (04/2009)

Kentucky Department of Insurance
Kentucky Application for Provider Evaluation and Reevaluation – 2009

Introduction. Development of a uniform application form and guidelines for the evaluation and reevaluation of health care providers, including psychologists, was mandated under KRS 304.17 A-545 (5). In response to the requirement, the Department of Insurance developed the form entitled Kentucky Application for Provider Evaluation and Reevaluation in December 2005. The form has undergone several modifications since that time. However, the current KAPER-1 (04/2009) consists of two (2) parts, including Part A and Part B.

The KAPER-1, Part A was adopted with consent from the Council for Affordable Quality Healthcare form entitled "Provider Application." All health insurers offering managed care plans in Kentucky are required to use either the CAQH provider application or the KAPER-1 (04/2009), Part A, for the evaluation (credentialing) and reevaluation (recredentialing) of health care providers, including psychologists, who will be on their lists of participating providers. The KAPER-1 (04/2009), Part A is also used by the Cabinet for Health and Family Services (CHFS) pursuant to KRS 205.560.

The KAPER-1, Part B was initially developed in collaboration with health care providers, insurers, and the CHFS. This part is for use by Kentucky hospitals and health care facilities and consists of two (2) sections, including Part B, Section 1, used for initial evaluation (credentialing) of a physician or allied health professional, and Part B, Section 2, used for reevaluation (recredentialing) of a physician or allied health professional. The KAPER-1(04/2009), Part B is also used by the CHFS pursuant to KRS 216B.155.

The KAPER-1 (04/2009) may be accessed on the Department's Web site at <http://insurance.ky.gov> or obtained directly from the Kentucky Department of Insurance, Division of Health Insurance Policy and Managed Care, P. O. Box 517, Frankfort, KY 40602-0517. Reproduction of the form without any changes is allowed.

KAPER-1 (04/2009), Part A

**For Evaluation (Credentialing) and Reevaluation (Recredentialing) of
Health Care Providers Desiring Participation in Kentucky Managed Care
Plans and the Kentucky Medicaid Program.**

Commonwealth of Kentucky
Instructions - Form KAPER-1 (04/2009), Part A

A. Uniform Kentucky Application for Evaluation (Credentialing) and Reevaluation (recredentialing) Form. Following is the KAPER-1 (04/2009), Part A, which was adopted with consent of the Council for Affordable Quality Health Care pursuant to KRS 304.17 A-545(5). A complete KAPER-1 (04/2009), Part A, with required attachments, as specified in item C of this instruction, must be accepted by an insurer offering a managed care plan in Kentucky for the evaluation (credentialing) and reevaluation (recredentialing) of a health care provider who will be on the insurer's list of participating providers. "Health care provider" is defined in 806 KAR 17:480, Section 1. The KAPER-1 (04/2009), Part A, which must be accepted by the insurer in an electronic or handwritten format, is available on the Web site of the Department of Insurance <http://insurance.ky.gov> or at a location identified by the health insurer.

Prior to completing the KAPER-1 (04/2009), it is advised that a health care provider desiring participation in a managed care plan contact the insurer for information regarding electronic or handwritten submission of the form with required attachments, as specified in item C of this instruction, and cover letter, as applicable.

Prior to completing the KAPER-1 (04/2009), it is advised that a health care provider desiring participation in the Kentucky Medicaid Program contact the KY Cabinet for Health and Family Services for submission of required attachments, as specified in item C of this instruction, and cover letter, as applicable.

B. Cover Letter. If a complete KAPER-1 (04/2009), Part A is submitted to an insurer, a cover letter signed and dated by the health care provider requesting consideration of evaluation or reevaluation may be required by the insurer.

C. Required Attachments. Unless otherwise specified in this instruction, one (1) photocopy of each of the following eight (8) supporting documents shall be on 8 ½" X 11" paper, labeled, and attached to the complete KAPER-1 (04/2009), Part A in the following order.

1. Drug enforcement agency (DEA) registration certificate;
2. State controlled dangerous substance (CDS) certificate, if applicable;
3. W-9 of each tax identification number;
4. Workers' compensation certificate of coverage;
5. Current professional liability insurance policy face sheet (showing expiration dates, limits and health care provider's name);
6. Signed and dated authorization, attestation and release form;
7. Supplemental forms, if any, in page number order; and
8. Additional pages, if indicated (e.g. lists, etc.).

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

3078

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

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

Section 2 Education and Training (Continued)

Training

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

If you have additional post-graduate training programs, use the Supplemental Training Form on page 21.

Please explain on the Supplemental Professional / Work History Gap Form on page 33 any training gap(s) of three (3) months or greater, or any gap(s) of a shorter duration if required by the organization for which you are being credentialed.

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

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

List each department separately, if applicable.

List Internship/Residency, Fellowship and Other programs separately.

<input type="checkbox"/> INTERNSHIP/RESIDENCY	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> OTHER	M M Y Y Y Y	M M Y Y Y Y
			START DATE	END DATE
DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)				
NAME OF DIRECTOR				
<input type="checkbox"/> INTERNSHIP/RESIDENCY	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> OTHER	M M Y Y Y Y	M M Y Y Y Y
			START DATE	END DATE
DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)				
NAME OF DIRECTOR				
<input type="checkbox"/> INTERNSHIP/RESIDENCY	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> OTHER	M M Y Y Y Y	M M Y Y Y Y
			START DATE	END DATE
DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)				
NAME OF DIRECTOR				

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

* 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? M M D D Y Y Y Y

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

3083

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

* 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.

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

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

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 P=PM	END	A=AM P=PM		START	A=AM P=PM	END	A=AM 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? YES NO

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 EXISTING PATIENTS WITH CHANGE OF PAYOR? YES NO

ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL? YES NO

ACCEPT ALL NEW PATIENTS? YES NO

ACCEPT NEW MEDICARE PATIENTS? 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

IF YES

GENDER LIMITATIONS MALE ONLY NONE FEMALE ONLY

AGE LIMITATIONS MINIMUM AGE MAXIMUM AGE

LIST OTHER LIMITATIONS

3084

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

* 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				

3085

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

* 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.

MMYYYY MMYYYY 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.

MMYYYY MMYYYY 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.

* 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.

CARRIER OR SELF-INSURED NAME* SELF-INSURED?* YES NO

NUMBER* STREET* SUITE/BUILDING

CITY* STATE* ZIP CODE*

ORIGINAL EFFECTIVE DATE* EFFECTIVE DATE* EXPIRATION DATE TYPE OF COVERAGE?* INDIVIDUAL SHARED

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.

CARRIER OR SELF-INSURED NAME* SELF-INSURED?* YES NO

NUMBER* STREET* SUITE/BUILDING

CITY* STATE* ZIP CODE*

ORIGINAL EFFECTIVE DATE* EFFECTIVE DATE* EXPIRATION DATE TYPE OF COVERAGE?* INDIVIDUAL SHARED

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

3089

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

* 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 health-care 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?*

3092

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

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

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?*

3093

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

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)*

MMDDYYYY

DATE SIGNED*

3094

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

M	M	Y	Y	Y	Y
---	---	---	---	---	---

START DATE

M	M	Y	Y	Y	Y
---	---	---	---	---	---

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

	M	M	Y	Y	Y	Y
--	---	---	---	---	---	---

COUNTRY CODE

START DATE

M	M	Y	Y	Y	Y
---	---	---	---	---	---

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

	M	M	Y	Y	Y	Y
--	---	---	---	---	---	---

COUNTRY CODE

START DATE

M	M	Y	Y	Y	Y
---	---	---	---	---	---

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

List each department separately, if applicable. List Internship/Residency, Fellowship and Other programs separately.	<input type="checkbox"/> INTERNSHIP/RESIDENCY	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> OTHER	<input type="text"/> <input type="text"/> <input type="text"/> START DATE	<input type="text"/> <input type="text"/> <input type="text"/> END DATE	
	DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)					
NAME OF DIRECTOR						
<input type="checkbox"/> INTERNSHIP/RESIDENCY	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> OTHER	<input type="text"/> <input type="text"/> <input type="text"/> START DATE	<input type="text"/> <input type="text"/> <input type="text"/> END DATE		
DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)						
NAME OF DIRECTOR						
<input type="checkbox"/> INTERNSHIP/RESIDENCY	<input type="checkbox"/> FELLOWSHIP	<input type="checkbox"/> OTHER	<input type="text"/> <input type="text"/> <input type="text"/> START DATE	<input type="text"/> <input type="text"/> <input type="text"/> END DATE		
DEPARTMENT/SPECIALTY (DO NOT ABBREVIATE)						
NAME OF DIRECTOR						

3096

* 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 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 P=PM	END	A=AM P=PM		START	A=AM P=PM	END	A=AM P=PM
MONDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FRIDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TUESDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SATURDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEDNESDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SUNDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
THURSDAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

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? YES NO

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 EXISTING PATIENTS WITH CHANGE OF PAYOR? YES NO

ACCEPT NEW PATIENTS WITH PHYSICIAN REFERRAL? YES NO

ACCEPT ALL NEW PATIENTS? YES NO

ACCEPT NEW MEDICARE PATIENTS? YES NO

ACCEPT NEW MEDICAID PATIENTS? YES NO

IF ANY OF THE ABOVE VARIES BY PLAN, EXPLAIN

ARE THERE ANY PRACTICE LIMITATIONS? YES NO

IF YES

GENDER LIMITATIONS MALE ONLY NONE

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)

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)

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

Mid-Level Practitioners

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

3102

* 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 5 of 5

Additional Practice Location
(Continued)

→ LOCATION* #

IMPORTANT

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

If you have additional partners/associates at THIS location, use the Partner/Associate Supplemental Form on page 23. Photocopy as necessary. Be certain to indicate the Practice Location Number at the top of the page.

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

LIST ALL PARTNERS/ASSOCIATES AT THIS PRACTICE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	COVERING COLLEAGUE (Y/N)?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	COVERING COLLEAGUE (Y/N)?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	COVERING COLLEAGUE (Y/N)?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	COVERING COLLEAGUE (Y/N)?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

Covering Colleagues

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

If you have additional covering colleagues that are not partners at THIS location, use the Covering Colleagues Supplemental Form on page 24. Photocopy as necessary. Be certain to indicate the Practice Location Number at the top of the page.

LIST ALL COVERING COLLEAGUES THAT ARE NOT PARTNERS/ASSOCIATES AT THIS PRACTICE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		SPECIALTY CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	PROVIDER TYPE (CODE PG 36)	

3104

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

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

<input style="width: 100%; height: 20px;" type="text"/>		SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> 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
ORIGINAL EFFECTIVE DATE*	EFFECTIVE DATE*	EXPIRATION DATE
DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ <input style="width: 150px;" type="text"/>
		AMOUNT OF COVERAGE PER OCCURRENCE
POLICY INCLUDES TAIL COVERAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ <input style="width: 150px;" type="text"/>
		AMOUNT OF COVERAGE AGGREGATE
<input style="width: 100%; height: 20px;" type="text"/>		
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.

<input style="width: 100%; height: 20px;" type="text"/>		SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> 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
ORIGINAL EFFECTIVE DATE*	EFFECTIVE DATE*	EXPIRATION DATE
DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ <input style="width: 150px;" type="text"/>
		AMOUNT OF COVERAGE PER OCCURRENCE
POLICY INCLUDES TAIL COVERAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ <input style="width: 150px;" type="text"/>
		AMOUNT OF COVERAGE AGGREGATE
<input style="width: 100%; height: 20px;" type="text"/>		
POLICY NUMBER*		

3106

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

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

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

WORK HISTORY

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

3107

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

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*	<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	DATE CLAIM WAS FILED*	<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
STATUS OF CLAIM* (NOTE: IF CASE IS PENDING, SELECT OPEN)			
<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	IF SETTLED, ENTER DATE CLAIM WAS SETTLED	<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> <div style="width: 20%;"><input type="text"/></div> </div>			
PROFESSIONAL LIABILITY CARRIER INVOLVED* (USE BOTH LINES IF NECESSARY)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER*	STREET*	SUITE/BUILDING	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY*	STATE*	ZIP CODE*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TELEPHONE	POLICY NUMBER		
<input type="text"/>	<input type="text"/>		
\$ <input type="text"/>	METHOD OF RESOLUTION?*	<input type="checkbox"/> DISMISSED	<input type="checkbox"/> SETTLED
AMOUNT OF AWARD OR SETTLEMENT*		<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)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
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) <input type="text"/>
<input type="text"/>			
YOUR INVOLVEMENT IN CASE* (ATTENDING, CONSULTING, ETC)			
<input type="text"/>			
DESCRIPTION OF ALLEGED INJURY TO THE PATIENT (USE ALL FOUR LINES BELOW, IF NECESSARY)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
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
021	Alcohol/Drug Counselor	031	Marriage/Family Therapist
022	Audiologist	032	Massage Therapist
023	Biofeedback Technician	033	Naturopath
024	Certified Registered Nurse Anesthetist	034	Neuropsychologist
025	Christian Science Practitioner	035	Midwife
026	Clinical Nurse Specialist	036	Nurse Midwife
027	Clinical Psychologist	037	Nurse Practitioner
028	Clinical Social Worker	038	Nutritionist
029	Dietician	039	Occupational Therapist
		040	Optician
		041	Optometrist
		042	Pharmacist
		043	Physical Therapist
		044	Physician Assistant
		045	Professional Counselor
		046	Registered Nurse
		047	Registered Nurse First Assistant
		048	Respiratory Therapist
		049	Speech Pathologist

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			492	Monaco
012	Algeria	180	Congo, Democratic Republic of the	340	Honduras	496	Mongolia
016	American Samoa	184	Cook Islands	344	Hong Kong	500	Montserrat
020	Andorra	188	Costa Rica	348	Hungary	504	Morocco
024	Angola	384	Cote d'Ivoire	352	Iceland	508	Mozambique
660	Anguilla	191	Croatia	356	India	104	Myanmar
010	Antarctica	192	Cuba	360	Indonesia	516	Namibia
028	Antigua and Barbuda	196	Cyprus	364	Iran	520	Nauru
032	Argentina	203	Czech Republic	368	Iraq	524	Nepal
051	Armenia	208	Denmark	372	Ireland	528	Netherlands
533	Aruba	262	Djibouti	376	Israel	530	Netherlands Antilles
036	Australia	212	Dominica	380	Italy	540	New Caledonia
040	Austria	214	Dominican Republic	388	Jamaica	554	New Zealand
031	Azerbaijan	626	East Timor (provisional)	392	Japan	558	Nicaragua
044	Bahamas	218	Ecuador	400	Jordan	562	Niger
048	Bahrain	818	Egypt	398	Kazakhstan	566	Nigeria
050	Bangladesh	222	El Salvador	404	Kenya	570	Niue
052	Barbados	226	Equatorial Guinea	296	Kiribati	574	Norfolk Island
112	Belarus	232	Eritrea	408	Korea, North	580	Northern Mariana Islands
056	Belgium	233	Estonia	410	Korea, South	578	Norway
084	Belize	231	Ethiopia	414	Kuwait	512	Oman
204	Benin	238	Falkland Islands (Malvinas)	417	Kyrgyzstan	586	Pakistan
060	Bermuda	234	Faroe Islands	418	Laos	585	Palau
064	Bhutan	242	Fiji	428	Latvia	591	Panama
068	Bolivia	246	Finland	422	Lebanon	598	Papua New Guinea
070	Bosnia and Herzegovina	250	France	426	Lesotho	600	Paraguay
072	Botswana	249	France, Metropolitan	430	Liberia	604	Peru
074	Bouvet Island	254	French Guiana	434	Libya	608	Philippines
076	Brazil	258	French Polynesia	438	Liechtenstein	612	Pitcairn
086	British Indian Ocean Territory	260	French Southern Territories	440	Lithuania	616	Poland
096	Brunei Darussalam	266	Gabon	442	Luxembourg	620	Portugal
100	Bulgaria	270	Gambia	446	Macau	630	Puerto Rico
854	Burkina Faso	268	Georgia	807	Macedonia	634	Qatar
108	Burundi	276	Germany	450	Madagascar	638	Réunion
116	Cambodia	288	Ghana	454	Malawi	642	Romania
120	Cameroon	292	Gibraltar	458	Malaysia	643	Russian Federation
124	Canada	300	Greece	462	Maldives	646	Rwanda
132	Cape Verde	304	Greenland	466	Mali	654	Saint Helena
136	Cayman Islands	308	Grenada	470	Malta	659	Saint Kitts and Nevis
140	Central African Republic	312	Guadaloupe	584	Marshall Islands	662	Saint Lucia
148	Chad	316	Guam	474	Martinique	666	Saint Pierre and Miquelon
152	Chile	320	Guatemala	478	Mauritania	670	Saint Vincent and the Grenadines
156	China	324	Guinea	480	Mauritius		
162	Christmas Island	624	Guinea-Bissau	175	Mayotte		
166	Cocos (Keeling) Islands	328	Guyana	484	Mexico		
170	Colombia	332	Haiti	583	Micronesia		

Code Lists

Country Codes (continued)

882	Samoa			772	Tokelau		548	Vanuatu
674	San Marino	724	Spain	776	Tonga		336	Vatican City State (Holy See)
678	São Tomé and Príncipe	144	Sri Lanka	780	Trinidad and Tobago		862	Venezuela
682	Saudi Arabia	736	Sudan	788	Tunisia		704	Viet Nam
683	Scotland	740	Suriname	792	Turkey795 Turkmenistan		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	Twí
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	Zerbajani	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	Zerbajani
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 Université de Montréal Faculty of Medicine
 134 Université 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	287 Internal Medicine, Hematology	Spine
246 Allergy & Immunology, Allergy	288 Internal Medicine, Hematology & Oncology	416 Orthopaedic Surgery, Orthopaedic Trauma
291 Allergy & Immunology, Clinical & Laboratory Immunology	450 Internal Medicine, Hepatology	803 Orthopaedic Surgery, Pediatric Orthopaedic Surgery
249 Anesthesiology	299 Internal Medicine, Infectious Disease	457 Orthopaedic Surgery, Sports Medicine
235 Anesthesiology, Addiction Medicine	451 Internal Medicine, Interventional Cardiology	119 Orthopedic
258 Anesthesiology, Critical Care Medicine	453 Internal Medicine, Magnetic Resonance Imaging (MRI)	331 Otolaryngology
126 Anesthesiology, Pain Medicine	325 Internal Medicine, Medical Oncology	458 Otolaryngology, Otolaryngic Allergy
363 Clinical Pharmacology	309 Internal Medicine, Nephrology	459 Otolaryngology, Otolaryngology/ Facial Plastic Surgery
367 Colon & Rectal Surgery	378 Internal Medicine, Pulmonary Disease	332 Otolaryngology, Otology & Neurotology
263 Dermatology	390 Internal Medicine, Rheumatology	357 Otolaryngology, Pediatric Otolaryngology
292 Dermatology, Clinical & Laboratory Dermatological Immunology	802 Internal Medicine, Sleep Medicine	417 Otolaryngology, Plastic Surgery within the Head & Neck
444 Dermatology, Dermatological Surgery	397 Internal Medicine, Sports Medicine	804 Otolaryngology, Sleep Medicine
266 Dermatology, Dermatopathology	433 Laboratories, Clinical Medical Laboratory	480 Pain Medicine, Interventional Pain Medicine
264 Dermatology, MOHS-Micrographic Surgery	481 Legal Medicine	337 Pain Medicine
443 Dermatology, Pediatric Dermatology	278 Medical Genetics, Clinical Biochemical Genetics	338 Pathology, Anatomic Pathology
268 Emergency Medicine	261 Medical Genetics, Clinical Cytogenetic	340 Pathology, Anatomic Pathology & Clinical Pathology
445 Emergency Medicine, Emergency Medical Services	277 Medical Genetics, Clinical Genetics (M.D.)	250 Pathology, Blood Banking & Transfusion Medicine
427 Emergency Medicine, Medical Toxicology	280 Medical Genetics, Clinical Molecular Genetics	344 Pathology, Chemical Pathology
348 Emergency Medicine, Pediatric Emergency Medicine	455 Medical Genetics, Molecular Genetic Pathology	
395 Emergency Medicine, Sports Medicine	454 Medical Genetics, Ph.D. Medical Genetics	
446 Emergency Medicine, Undersea and Hyperbaric Medicine	306 Neonatal-Perinatal Medicine	
391 Facial Plastic Surgery	308 Neopathology	
272 Family Practice	409 Neurological Surgery	
447 Family Practice, Addiction Medicine	330 Neuromusculoskeletal Medicine & OMM	302 Pathology, Clinical Pathology/Laboratory Medicine
237 Family Practice, Adolescent Medicine	440 Neuromusculoskeletal Medicine, Sports Medicine	262 Pathology, Cytopathology
448 Family Practice, Adult Medicine	317 Nuclear Medicine	265 Pathology, Dermatopathology
282 Family Practice, Geriatric Medicine	318 Nuclear Medicine, In Vivo & In Vitro Nuclear Medicine	273 Pathology, Forensic Pathology
396 Family Practice, Sports Medicine	315 Nuclear Medicine, Nuclear Cardiology	290 Pathology, Hematology
225 General Practice	316 Nuclear Medicine, Nuclear Imaging & Therapy	298 Pathology, Immunopathology
479 Hospitalist	321 Obstetrics & Gynecology	305 Pathology, Medical Microbiology
301 Internal Medicine	260 Obstetrics & Gynecology, Critical Care Medicine	461 Pathology, Molecular Genetic Pathology
449 Internal Medicine, Addiction Medicine	326 Obstetrics & Gynecology, Gynecologic Oncology	
236 Internal Medicine, Adolescent Medicine	286 Obstetrics & Gynecology, Gynecology	312 Pathology, Neuropathology
248 Internal Medicine, Allergy & Immunology	303 Obstetrics & Gynecology, Maternal & Fetal Medicine	358 Pathology, Pediatric Pathology
255 Internal Medicine, Cardiovascular Disease	320 Obstetrics & Gynecology, Obstetrics	244 Pediatrics
294 Internal Medicine, Clinical & Laboratory Immunology	271 Obstetrics & Gynecology, Reproductive Endocrinology	805 Pediatric Anesthesiology
253 Internal Medicine, Clinical Cardiac Electrophysiology	328 Ophthalmology	239 Pediatrics, Adolescent Medicine
257 Internal Medicine, Critical Care Medicine	441 Oral & Maxillofacial Surgery	
267 Internal Medicine, Endocrinology, Diabetes & Metabolism	411 Orthopaedic Surgery	295 Pediatrics, Clinical & Laboratory Immunology
275 Internal Medicine, Gastroenterology	412 Orthopaedic Surgery, Adult Reconstructive Orthopaedic Surgery	462 Pediatrics, Developmental – Behavioral Pediatrics
285 Internal Medicine, Geriatric Medicine	456 Orthopaedic Surgery, Foot and Ankle Orthopaedics	354 Pediatrics, Medical Toxicology
	406 Orthopaedic Surgery, Hand Surgery	356 Pediatrics, Neurodevelopmental Disabilities
	415 Orthopaedic Surgery, Orthopaedic Surgery of the	345 Pediatrics, Pediatric Allergy & Immunology

Code Lists

Specialty Codes - MD/DO Only

346	Pediatrics, Pediatric Cardiology		Hand		Neurology	413	Surgery, Surgical Oncology
347	Pediatrics, Pediatric Critical Care Medicine	242	Preventive Medicine, Aerospace Medicine	474	Psychiatry & Neurology, Pain Medicine	423	Surgery, Trauma Surgery
463	Pediatrics, Pediatric Emergency Medicine	429	Preventive Medicine, Medical Toxicology	368	Psychiatry & Neurology, Psychiatry	400	Surgery, Vascular Surgery
349	Pediatrics, Pediatric Endocrinology	112	Preventive Medicine, Occupational Medicine	809	Psychiatry & Neurology, Sleep Medicine	421	Thoracic Surgery (Cardiothoracic Vascular Surgery)
350	Pediatrics, Pediatric Gastroenterology	471	Preventive Medicine, Sports Medicine	475	Psychiatry & Neurology, Sports Medicine	442	Transplant Surgery
351	Pediatrics, Pediatric Hematology-Oncology	431	Preventive Medicine, Undersea and Hyperbaric Medicine	476	Psychiatry & Neurology, Vascular Neurology	424	Urology
352	Pediatrics, Pediatric Infectious Diseases	114	Preventive Medicine/Occupational Environmental Medicine	366	Public Health & General Preventive Medicine	811	Urology, Pediatric Urology
355	Pediatrics, Pediatric Nephrology	370	Psychiatry & Neurology, Addiction Medicine	252	Radiology, Body Imaging		
359	Pediatrics, Pediatric Pulmonology	473	Psychiatry & Neurology, Addiction Psychiatry	173	Radiology, Diagnostic Radiology		
361	Pediatrics, Pediatric Rheumatology	371	Psychiatry & Neurology, Child & Adolescent Psychiatry	430	Radiology, Diagnostic Ultrasound		
806	Pediatrics, Sleep Medicine	313	Psychiatry & Neurology, Clinical Neurophysiology	314	Radiology, Neuroradiology		
398	Pediatrics, Sports Medicine	274	Psychiatry & Neurology, Forensic Psychiatry	319	Radiology, Nuclear Radiology		
365	Physical Medicine & Rehabilitation	373	Psychiatry & Neurology, Geriatric Psychiatry	360	Radiology, Pediatric Radiology		
468	Physical Medicine & Rehabilitation, Pain Medicine	472	Psychiatry & Neurology, Neurodevelopmental Disabilities	380	Radiology, Radiation Oncology		
389	Physical Medicine & Rehabilitation, Pediatric Rehabilitation Medicine	100	Psychiatry & Neurology, Neurology	477	Radiology, Radiological Physics		
466	Physical Medicine & Rehabilitation, Spinal Cord Injury Medicine	311	Psychiatry & Neurology, Neurology with Special Qualifications in Child	381	Radiology, Therapeutic Radiology		
469	Physical Medicine & Rehabilitation, Sports Medicine			384	Radiology, Vascular & Interventional Radiology		
419	Plastic Surgery			434	Supplier		
470	Plastic Surgery, Plastic Surgery Within the Head and Neck			399	Surgery		
407	Plastic Surgery, Surgery of the			418	Surgery, Pediatric Surgery		
				420	Surgery, Plastic and Reconstructive Surgery		
				405	Surgery, Surgery of the Hand		
				425	Surgery, Surgical Critical Care		

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

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

Code Lists

Specialty Codes - Allied Providers (continued)

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

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

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

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

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

DO Boards

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

DPM Boards

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

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
 - I—A common trust fund as defined in section 584(a)
 - J—A bank as defined in section 581
 - K—A broker
 - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
 - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.
***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.