PRACTITIONER INFORMATION SHEET

NAME: BIRTH DATE:

HOME ADDRESS: CITY: ZIP:

HOME PHONE: CELL PHONE:

HIRE DATE: LOCATED IN CLINIC BLDG?:

OFFICE ADDRESS: CITY: ZIP:

OFFICE PHONE: BEEPER #:

CLINICIAN LICENSE #: EXP. DATE: STATE:

NPI #: TAXONOMY CODE: REGISTRY #:

DEA LICENSE #: EXP. DATE:

PLEASE SELECT ONE FROM EACH OF THE FOLLOWING LISTS

DISCIPLINE (Only 1)

- [ ] Alcohol Counseling
- [ ] Medicine
- [ ] Mental Health Counseling
- [ ] Nursing
- [ ] Social Work
- [ ] Other Addiction Counseling
- [ ] Other

PRACTITIONER CATEGORIES for COVERAGE

(Check all that apply)

- [ ] ASW
- [ ] CAC
- [ ] CASE-MGN
- [ ] CAS
- [ ] CNS
- [ ] DO
- [ ] FNP
- [ ] LCSW
- [ ] LPCC
- [ ] LPT
- [ ] LVN
- [ ] Nurse Practitioner
- [ ] Physician's Assistant
- [ ] Psychiatrist
- [ ] Intern/Other Waivered
- [ ] MD
- [ ] MFTI
- [ ] MFT
- [ ] MHC
- [ ] NP
- [ ] PA
- [ ] PhD
- [ ] RAS
- [ ] RN
- [ ] Other

PRACTITIONER CATEGORY = Contract Provider

Practitioner Name should include the Contract Provider (MN)