# Additional Specialty
## Supplemental Form

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

**Section 3** — **Professional / Medical Specialty Information**

### Additional Specialty

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

SPECIALTY CODE _____ INITIAL CERTIFICATION DATE _____ DO YOU WISH TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY? HMO _____

BOARD CERTIFIED? _____ RECERTIFICATION DATE (IF APPLICABLE) _____ PPO _____

CERTIFYING BOARD _____ EXPIRATION DATE (IF APPLICABLE) _____ POS _____

IF NOT BOARD CERTIFIED (SELECT ONE) _____

IF YOU INDICATED THAT YOU DID NOT INTEND TO TAKE A CERTIFYING BOARD EXAM, PLEASE USE THE FOLLOWING SPACE TO EXPLAIN, OTHERWISE LEAVE THE SPACE BLANK.

### Additional Specialty

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

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

SPECIALTY _____ INITIAL CERTIFICATION DATE _____ DO YOU WISH TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY? HMO _____

BOARD CERTIFIED? _____ RECERTIFICATION DATE (IF APPLICABLE) _____ PPO _____

CERTIFYING BOARD _____ EXPIRATION DATE (IF APPLICABLE) _____ POS _____

IF NOT BOARD CERTIFIED (SELECT ONE) _____

IF YOU INDICATED THAT YOU DID NOT INTEND TO TAKE A CERTIFYING BOARD EXAM, PLEASE USE THE FOLLOWING SPACE TO EXPLAIN, OTHERWISE LEAVE THE SPACE BLANK.

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