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: A THREE YEAR RESIDENCY IN FAMILY MEDICINE &

INITIAL CERTIFICATION DATE:

DO YOU WISH TO BE LISTED IN THE DIRECTORY UNDER THIS SPECIALTY?

HMO:

BOARD CERTIFIED? American Academy of N

RECERTIFICATION DATE (IF APPLICABLE):

PPO:

CERTIFYING BOARD: YES

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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