

# PRACTITIONERS' LIST FOR

DATE: \_\_\_\_\_

☐ EXISTING ☐ NEW

DBA: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

OnSite Mgr: \_\_\_\_\_

MANAGER DURING NORMAL WORKING HRS

	FIRST & LAST NAME OF MESSAGE PRACTITIONER/ HOME ADDRESS (PLEASE PRINT LEGIBLY)	GEN/ADV PRACT. CIRCLE LETTER	PERMIT# (MP)	Office Use ONLY Active?
1)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
2)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
3)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
4)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
5)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
6)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
7)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
8)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
9)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
10)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
11)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
12)		G A		<input type="checkbox"/> YES <input type="checkbox"/> No Permit

PLEASE ATTACH ANOTHER PAGE IF THERE ARE MORE THAN TWELVE PRACTITIONERS AT THIS FACILITY.