

PREPARE			
NUCC Grouping:		Behavioral Health & Social Service Providers	
Provider Type:		Applied Behavioral Analyst	Practice Setting: Inpatient/Outpatient or Outpatient Only
Primary Practice State:		TX	
Other Practice State(s):			

PERSONAL INFORMATION			
Name			
First Name :		Michelle	Middle Name : Abiola
Last Name :		Talabi	Suffix :
Have you used other names?		No	
Home Address			
Street 1 :		16315 La Luna Dr	Street 2 :
City :		Houston	State : TX
Country :		United States	Province :
County :		Harris County	Zip Code : 77083-1008
Mailing Address			
Is Mailing address and Home Address Same?		Yes	
Street 1 :		16315 La Luna Dr	Street 2 :
City :		Houston	State : TX
Country :		United States	Province :
County :		Harris County	Zip Code : 77083-1008
Correspondence Telephone :		Correspondence Fax :	
Primary Method of Contact			
Primary E-mail Address :		mch7225@gmail.com	Personal E-Mail Address :
PMOC CC Email1 :			PMOC CC Email2 :
Phone Numbers			
Home Phone :		Personal Cell Phone : 281-780-3718	
Personal Fax :			
Personal Identification Numbers			
Social Security Number :		052-76-1539	
Foreign National Identification Number :		FNIN Country of Issue :	
Do you have a Unique Physicians Identification Number (UPIN)?		No	
Do you have an Individual (Type 1) National Provider Identifier (NPI)?		Yes	
Individual NPI :		1063126878	
Demographics			
Gender Identity:		Female	
Race/Ethnicity :		Black or African American	
Birth Date :		9/20/1988	Birth City : Bronx
Birth State :		TX	Birth Country : United States
Are you a US Citizen :		Yes	Citizenship Country : United States
Work . and Visas			
Are you eligible to work in the United States :			
Visa Number :			
Visa Status :			
Languages			
Non-English languages spoken by provider :			

PROFESSIONAL IDENTIFICATION NUMBERS			
Professional License			
License State :		TX	Do you currently practice in this state? Yes
License Number :		1-23-63538	License Type : ABA
License Status :			
Issue Date :		01/05/2023	Expiration Date : 01/05/2025
DEA Registration			
Do you have a DEA Registration Certificate?		No	
Controlled Dangerous Substance (CDS) Registration			
Do you have a CDS Registration Certificate?		No	
Medicare			
Are you a participating Medicare provider?		No	
Medicaid			
Are you a participating Medicaid provider?		No	

Number? USMLE USMLE No. : Texas Department of Public Safety (DPS)	Exam Date :
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EDUCATION			
Graduate Type : Professional School Information		US/Canada Graduate	
Country :	United States	State :	AZ
County :			
Professional School :	Arizona State University	Street 1 :	P.O. Box 8782
Street 2 :		City :	Tempe
Province :			
Zip Code :	85287		
Phone Number :		Fax Number :	
Degree :	Masters of Arts (MA)		
Professional School Start Date :	08/2020	Professional School End Date :	05/2022
Area of Training / Course of Study / Major :			
Did you complete your professional education at this school?	Yes	Graduation Date :	05/22/2022
Undergraduate Education			
Country :	United States	State :	NY
School :	City University of New York (Queens College)	Street 1 :	101 W 31st St
Street 2 :		City :	New York
Province :			
Zip Code :	10001		
Phone Number :		Fax Number :	
Degree :	Bachelor of Science (BS)		
Start Date :	08/2006	End Date :	05/2010
Area of Training / Course of Study / Major :	psychology		
Did you complete your Undergraduate education at this school?	Yes	Graduation Date :	05/08/2006

TRAINING INFORMATION	
Cultural Competency Training : Have you completed cultural competency training?	Yes

SPECIALTY INFORMATION			
Primary Specialty			
Primary Specialty :	Behavior Analyst (103K00000X)		
Board Certified?	Yes		
Name of Certifying Board :	Behavior Analyst Certification Board		
Country :		State :	
County :			
Street 1 :		Street 2 :	
City :		Province :	
Zip Code :			
Certification Number :	1-23-63538		
Initial Certification Date :	1/5/2023	Does your board certification have an expiration date?	Yes
Expiration Date :	1/5/2025	Last Recertification Date :	1/5/2023
Do you wish to be listed in the directory under this primary specialty? By HMO		Yes	
Do you wish to be listed in the directory under this primary specialty? By PPO		Yes	
Do you wish to be listed in the directory under this primary specialty? By POS		Yes	
Secondary Specialty			
Do you have a Secondary Specialty?	No		
Special Experience, Skills and Training			
Please select one or more special experience, skills and training that apply from the list below:			

CERTIFICATION INFORMATION
*** THERE IS NO DATA ON RECORD FOR THIS SECTION ***

PRACTICE LOCATIONS			
Active Locations			
General Information :			
Confirmed Date :	3/11/2024		
Office Type :	Primary Practice	Providers's Start Date :	1/9/2023
Do you practice at this location?:	Yes, I practice at this location		

Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Apara Autism Center - Katy		
Street 1 :	2051 Greenhouse Rd Ste 160		
Street 2 :		Country :	United States
City :	Houston	State :	TX
County :	Collin County	Province :	
Zip Code :	77084-8022	Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :			
Does this office qualify as minority business enterprise :			
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1215492970
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	848-272-7223	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :	ASD Therapy Solutions, LLC DBA: Apara Autism Center		
Tax ID :	832526282	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :	Apara Autism Center		
Network Denial :			
Have you closed your practice to any plans or programs ?	No		
Do you want to list this site in the directory :	No		
Office Hours :			
Monday			
Start Time :	8:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	8:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	8:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	8:00 AM	End Time :	5:00 PM
Friday			
Start Time :	8:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		
Do you accept new Medicare patients at this location?	No		
Do you accept new Medicaid patients at this location?	Yes		
Do you accept new patients from physician referrals (i.e., referring letter) at this location?	Yes		

the referral?

Does this information vary by health plan ? **No**

ExplanationOfVariations :

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location?

Office Manager or Business Staff Contact :

First Name :	Jay Anthony	Last Name :	Regalado
Middle Name :		Suffix :	
Phone Number :		Fax Number :	
E-mail Address :	credentialing@aparaautism.com		

Is Office Manager Credentialing Contact :

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name : Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ? **No**

Practice Limitations and Patient Populations :

Gender Limitations : **No**

Are there any Age Limitations? : **Yes**

Age Minimum : **1** Age Maximum : **17**

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building	No
Interior Building	No
Wheelchair access to exam room	No
Exam table/scale/chair	No
Gurneys & Stretchers	No
Portable Lifts	No
Radiologic Equipment	No
Signage & documents	No
Parking	Yes
Restroom	Yes

Other Handicapped Access :

Does this office have other services for the disabled ? **No**

Please specify other services for the disabled:

Text Telephony (TTL) :	No
American Sign Language :	No
Mental/Physical Impairment Services :	No
Other Disability Services :	

Is this office accessible by public transportation ? **No**

Please specify how this office is accessible by public transportation:

Bus Transportation:	No
Regional Train :	No

Other Transportation :

Does this Location Provide Child Care Services? **Yes**

Does this office meet all state and local fire, safety and sanitation requirements? **Yes**

Do you have TDD(hearing impaired device) available : No

Do you accept Workers' Compensation Patients? No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant? No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible No

Staff are available and willing to provide compensation representatives information regarding a claimant's care. No

Telehealth :

I provide telehealth services at this location: **Yes**

Do you use a telehealth application or platform that is compliant with the Health **Yes**

Secure Text Messaging :	No	Remote Monitoring :	No
Store-and-Forward :	No		
Are you willing and able to support family caregivers?	No		
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening ?	No
Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
Certifications :			
BLS - Basic Life Support :			
Provider :			
ACLS - Advanced Cardiac Life Support :			
Provider :			
ALSO - Advanced Life Support in OB :			
Provider :			
PALS - Pediatric Advanced Life Support :			
Provider :			
ATLS - Advanced Trauma Life Support :			
Provider :			
NALS - Neonatal Advanced Life Support :			
Provider :			
CPR - Cardio-Pulmonary Resuscitation :			
Provider :			
Other (please specify) :			
Provider :			
General Information :			
Confirmed Date :	3/11/2024		
Office Type :	Other Practice	Providers's Start Date :	8/13/2023
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Behavior Analyst	Subspecialty :	
Will you continue to practice at this location			
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Positive Behavior Supports Corporation-Houston 10777 Westheimer Rd Ste 1100		
Street 1 :			
Street 2 :		Country :	United States
City :	Houston	State :	TX
County :		Province :	
Zip Code :	77042-3462	Email Address :	RrPinero@teampbs.com
Can general correspondence be sent to this location?		Practice Location Website	www.teampbs.com
Appointment Scheduling Website			
Mailing Address :			
Street1 :	7108 S Kanner Hwy	Street2 :	
City :	Stuart	State :	FL
County :	Martin County	Province :	

business enterprise :			
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1083051189
Group Medicaid Number :	433278501	Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	855-832-6727	Phone Extention :	
Fax Number :	772-675-9100		
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:	Yes		
Phone Coverage Type :	Voice Mail Other		
Tax Information :			
Practice Name as it appears on the W-9 :	Positive Behavior Supports Corporation		
Tax ID :	462865809	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :	Positive Behavior Supports Corp		
Network Denial :			
Have you closed your practice to any plans or programs ?	No		
Do you want to list this site in the directory :	No		
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	No		
Do you accept new Medicare patients at this location?	No		
Do you accept new Medicaid patients at this location?	No		
Do you accept new patients from physician referrals (i.e., referring letter) at this location?	Yes		
Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.			
What questions should we ask a patient, to help determine the appropriateness of the referral?			
Does this information vary by health plan ?	No		
ExplanationOfVariations :			
Colleagues :			
Do you have any Partners/Associate at this location ?	No		
Covering Colleagues :			
Mid-Level Practitioners :			
Do you have any mid-level practitioners at this location?	No		
Office Manager or Business Staff Contact :			
First Name :	Rafael	Last Name :	Pinero
Middle Name :		Suffix :	
Phone Number :	855-832-6727	Fax Number :	772-675-9100
E-mail Address :	RrPinero@teampbs.com		
Is Office Manager Credentialing Contact :			
Billing Contact :			
Office Manager & Billing Contact are			

Billing Company Name :			
Street 2 :		City : Stuart	
State:	FL	Province :	
Country :	United States	Zip Code :	34997-7462
Phone Number :	855-832-6727	Fax Number :	772-675-9100
E-mail Address : dhunter@teampbs.com			
Payment and Remittance :			
Billing department name : PBS Corp Billing Department		Check Payable to : Positive Behavior Supports Corp	
Electronic billing capabilities ? Yes			
Office Manager & Payee Contact are same ?			
Practice Limitations and Patient Populations :			
Gender Limitations :			
Are there any Age Limitations? :			
Other Limitations :			
Accessibility :			
Does this office meet ADA accessibility requirements ?		Yes	
Does this office provide handicapped accessibility ?		Yes	
Please specify how this location meets handicapped accessibility requirements:			
Exterior Building		No	
Interior Building		No	
Wheelchair access to exam room		No	
Exam table/scale/chair		No	
Gurneys & Stretchers		No	
Portable Lifts		No	
Radiologic Equipment		No	
Signage & documents		No	
Parking		Yes	
Restroom		Yes	
Other Handicapped Access :			
Does this office have other services for the disabled ?		No	
Please specify other services for the disabled:			
Text Telephony (TTL) :		No	
American Sign Language :		No	
Mental/Physical Impairment Services :			
Other Disability Services :		No	
Is this office accessible by public transportation ?		No	
Please specify how this office is accessible by public transportation:			
Bus Transportation:		No	
Regional Train :		No	
Other Transportation :			
Does this Location Provide Child Care Services?		No	
Does this office meet all state and local fire, safety and sanitation requirements?		No	
Do you have TDD(hearing impaired device) available :		No	
Do you accept Workers' Compensation Patients?		No	
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?		No	
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?		No	
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible		No	
Staff are available and willing to provide compensation representatives information regarding a claimant's care.		No	
Telehealth :			
I provide telehealth services at this location:		Yes	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		Yes	
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes
Secure Text Messaging :	No	Remote Monitoring :	No
Store-and-Forward :	No		
Are you willing and able to support family caregivers?			
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No

Treadmill?		
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :
Other Services :		
Special Skills By The Practitioner :		Special Skills By The Staff :
Non-English language spoken by office personnel :		
Employee Type :		
Do you have any interpreters at this location?	No	
Certifications :		
BLS - Basic Life Support :		
Provider :		
ACLS - Advanced Cardiac Life Support :		
Provider :		
ALSO - Advanced Life Support in OB :		
Provider :		
PALS - Pediatric Advanced Life Support :		
Provider :		
ATLS - Advanced Trauma Life Support :		
Provider :		
NALS - Neonatal Advanced Life Support :		
Provider :		
CPR - Cardio-Pulmonary Resuscitation :		
Provider :		
Other (please specify) :		
Provider :		

Archived Locations

***THERE IS NO DATA ON RECORD FOR THIS SECTION**

HOSPITAL AFFILIATIONS

General :

Do you have admitting privileges at one or more hospitals?	No
Do you have an admitting arrangement where another provider admits for you?	No
Do you have any non-admitting hospital affiliations?	

CREDENTIALING INFORMATION

First Name :	Rose	Middle Name :	
Last Name :	Macalino	Street 1 :	
Street 2 :		City :	
State :		Zip Code :	
Country :	United States	Province :	
Phone Number :		Fax Number :	
Email Address :	credentialing@aparaautism.com		
Primary Credentialing Contact :	Yes		
Location Type :	PracticeLocation	Location :	Apara Autism Center - Katy
First Name :	Micheal	Middle Name :	
Last Name :	Lange	Street 1 :	7108 S Kanner Hwy
Street 2 :		City :	stuart
State :	FL	Zip Code :	34997-7462
Country :	United States	Province :	
Phone Number :	855-832-6727	Fax Number :	772-675-9100
Email Address :	mlange@teampbs.com		
Primary Credentialing Contact :	No		
Location Type :	PracticeLocation	Location :	Positive Behavior Supports Corporation-Houston

INSURANCE INFORMATION

Policy Number :	6799172		
Covered Practice Locations :	Positive Behavior Supports Corporation-Houston		
Original Effective Date :	01/31/2024		
Current Effective Date :	01/31/2024		
Current Expiration Date :	01/31/2025		
Carrier/Self Insured Name :	Lexington Insurance Company		
Street 1 :	99 High Street	Street 2 :	
City :	Boston	Province :	
State :	MA	Country :	United States
Zip Code :	02110-2387	Phone Number :	
Phone Extension :		Fax Number :	866-671-9288

and/or nose (prior occurrence/acts) coverage?			
Individual Coverage :	No		
Self-Insured?	No		
Policy Number :	9HA7MM000201901		
Covered Practice Locations :			
Original Effective Date :			
Current Effective Date :	03/18/2023		
Current Expiration Date :	03/18/2024		
Carrier/Self Insured Name :	Marsh & McLennan Agency LLC		
Street 1 :	1000 Corporate	Street 2 :	
City :	Fort Lauderdale	Province :	
State :	FL	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	
Type of coverage :			
Amount of coverage per occurrence :	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?			
Individual Coverage :	No		
Self-Insured?	No		
Policy Number :	MEO4026591.23		
Covered Practice Locations :	Positive Behavior Supports Corporation-Houston		
Original Effective Date :	01/31/2018		
Current Effective Date :	01/31/2023		
Current Expiration Date :	01/31/2024		
Carrier/Self Insured Name :	Lloyds of London		
Street 1 :	10 Fairway Dr Ste 101	Street 2 :	
City :	Deerfield Beach	Province :	
State :	FL	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	719-528-8323
Type of coverage :	Occurrence		
Amount of coverage per occurrence :	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?			
Individual Coverage :	No		
Self-Insured?	No		
Policy Number :	9HA7MM000201900		
Covered Practice Locations :	Apara Autism Center - Katy		
Original Effective Date :	02/06/2023		
Current Effective Date :	03/18/2022		
Current Expiration Date :	03/18/2023		
Carrier/Self Insured Name :	Marsh & McLennan Agency LLC		
Street 1 :	1000 Corporate	Street 2 :	
City :	Fort Lauderdale	Province :	
State :	FL	Country :	
Zip Code :		Phone Number :	
Phone Extension :		Fax Number :	
Type of coverage :			
Amount of coverage per occurrence :	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?			
Individual Coverage :	No		
Self-Insured?	No		

WORK HISTORY INFORMATION			
Employment Information Record			
Practice/Employer Name :	Positive Behavior Supports Corporation-Houston	Department :	
Street 1 :	10777 Westheimer RD	Street 2 :	Ste 1100
Country :	United States		
City :	Houston	State :	TX
Province :		Zip Code :	77042
Phone Number :	855-832-6727	Phone Extension :	
Fax Number :	772-675-9100		
Start Date :	08/2023		
Is this your current employer?	Yes		
Practice/Employer Name :	Apara autism center	Department :	
Street 1 :	2150 greenhouse rd	Street 2 :	
Country :	United States		
City :	Houston	State :	TX
Province :		Zip Code :	77084

Is this your current employer?	Yes		
Practice/Employer Name :	Action behavior center	Department :	
Street 1 :	6508 US-90 ALT, Sugar Land, TX 77498	Street 2 :	
Country :	United States		
City :	Sugarland	State :	TX
Province :		Zip Code :	77498
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	06/2022		
Is this your current employer?	No		
End Date :	11/2022	Reason for departure :	Distance
Employment Gap Record :			
Start Date:	04/2018	End Date:	02/2019
Gap Explanation:	Other (please specify)	Reason:	Employed as RBT
Start Date:	02/2019	End Date:	07/2020
Gap Explanation:	Other (please specify)	Reason:	Employed as RBT
Start Date:	08/2020	End Date:	05/2022
Gap Explanation:	Academic/Training leave		
Military :			
Have you ever served or are you currently serving in the United States Military?	No		
Are you currently on active military duty?	No	Are you currently in the Reserves or National Guard?	

REFERENCES INFORMATION

*** THERE IS NO DATA ON RECORD FOR THIS SECTION**

DISCLOSURE INFORMATION	
TX :	
Licensure :	
1. Has your license to practice in your profession ever been denied, suspended, revoked, restricted, voluntarily surrendered while under investigation, or have you ever been subject to a consent order, probation or any conditions or limitations by any state licensing board?	No
2. Have you ever received a reprimand or been fined by any state licensing board?	No
Hospital Privileges and Other Affiliations :	
3. Have your clinical privileges or Medical Staff membership at any hospital or healthcare institution 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 records 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?	No
4. Have you voluntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?	No
5. 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)?	No
Education, Training and Board Certification :	
6. 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?	No
7. Have you ever, while under investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?	No
8. Have any of your board certifications or eligibility ever been revoked?	No
9. Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?	No
DEA or CDS :	
10. Have your Federal DEA and/or DPS Controlled Substances Certificate(s) or authorization(s) ever been denied, suspended, revoked, restricted, denied renewal, or voluntarily relinquished?	No
Medicare, Medicaid or other Governmental Program Participation :	
11. 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 health care plans or programs?	No
Other Sanctions or Investigations :	
12. Are you currently or have you ever been the subject of an investigation by any hospital, licensing authority, DEA or DPS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program?	No
13. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?	No
14. Have you ever received sanctions from or been the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?	No
15. Have you ever been investigated, sanctioned, reprimanded or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation by a hospital or healthcare facility of any military agency?	No
Malpractice Claims History :	
16. Have you had any malpractice actions within the past 5 years (pending, settled, arbitrated, mediated, or litigated)? If yes, provide information for each case.	No
Criminal/Civil History :	
17. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony that is reasonably related to your qualifications, competence, functions, or duties as a medical professional?	No
18. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony including an act of violence, child abuse or a sexual offense?	No

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 Feral law." The term does include, however, the unlawful use of prescription controlled substances.);

21. 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?

No

22. Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?

No

23. Are you unable to perform the essential functions of a practitioner in your area of practice, with or without reasonable accommodation?

No