

<b>Practice Location Information</b> - continued			
NAME		PROFESSIONAL DESIGNATION	STATE & LICENSE NO.
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NON-ENGLISH LANGUAGES SPOKEN BY HEALTH CARE PROVIDERS		NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL	
ARE INTERPRETERS AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify languages:			
DOES THIS PRACTICE LOCATION MEET ADA ACCESSIBILITY STANDARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No		WHICH OF THE FOLLOWING FACILITIES ARE HANDICAPPED ACCESSIBLE? <input type="checkbox"/> Building <input type="checkbox"/> Parking <input type="checkbox"/> Restroom <input type="checkbox"/> Other:	
DOES THIS LOCATION HAVE OTHER SERVICES FOR THE DISABLED? <input type="checkbox"/> Text Telephony-TTY <input type="checkbox"/> American Sign Language-ASL <input type="checkbox"/> Mental/Physical Impairment Services <input type="checkbox"/> Other:			
IS THIS LOCATION ACCESSIBLE BY PUBLIC TRANSPORTATION? <input type="checkbox"/> Bus <input type="checkbox"/> Regional Train <input type="checkbox"/> Other:			
DOES THIS LOCATION PROVIDE CHILDCARE SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOES THIS LOCATION QUALIFY AS A MINORITY BUSINESS ENTERPRISE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHO AT THIS LOCATION HAVE THE FOLLOWING CURRENT CERTIFICATIONS? (PLEASE LIST ONLY THE APPLICANT'S CERTIFICATION EXPIRATION DATES.)			
Basic Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Advanced Life Support in OB
Advanced Trauma Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Cardio-Pulmonary Resuscitation
Advanced Cardiac Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Pediatric Advanced Life Support
Neonatal Advanced Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Other (please specify)
DOES THIS LOCATION PROVIDE ANY OF THE FOLLOWING SERVICES ON SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Laboratory Services; please list all Certificates of Participation (CLIA, AAFP, COLA, CAP, MLE):			
DOES THIS LOCATION PROVIDE ANY OF THE FOLLOWING SERVICES ON SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> X-ray; please list all certifications:			
<b>OTHER SERVICES</b>			
<input type="checkbox"/> Radiology Services	<input type="checkbox"/> EKG	<input type="checkbox"/> Care of Minor Lacerations	<input type="checkbox"/> Pulmonary Function Tests
<input type="checkbox"/> Allergy Injections	<input type="checkbox"/> Allergy Skin Tests	<input type="checkbox"/> Routine Office Gynecology	<input type="checkbox"/> Drawing Blood
<input type="checkbox"/> Age Appropriate Immunizations	<input type="checkbox"/> Flexible Sigmoidoscopy	<input type="checkbox"/> Tympanometry/Audiometry Tests	<input type="checkbox"/> Asthma Treatments
<input type="checkbox"/> Osteopathic Manipulations	<input type="checkbox"/> IV Hydration /Treatments	<input type="checkbox"/> Cardiac Stress Tests	<input type="checkbox"/> Physical Therapies
<input type="checkbox"/> Other:			
PLEASE LIST ANY ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES)			
IS ANESTHESIA ADMINISTERED AT THIS PRACTICE LOCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the classes or categories:			WHO ADMINISTERS IT?
<input type="checkbox"/> Please check this box and complete and submit Attachment F if you have other practice locations.			