

Practice Location Information - continued																												
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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.)																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Basic Life Support</td> <td style="width: 10%;"><input type="checkbox"/> Staff</td> <td style="width: 10%;"><input type="checkbox"/> Provider Exp:</td> <td style="width: 25%;">Advanced Life Support in OB</td> <td style="width: 10%;"><input type="checkbox"/> Staff</td> <td style="width: 10%;"><input type="checkbox"/> Provider Exp:</td> </tr> <tr> <td>Advanced Trauma Life Support</td> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> Provider Exp:</td> <td>Cardio-Pulmonary Resuscitation</td> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> Provider Exp:</td> </tr> <tr> <td>Advanced Cardiac Life Support</td> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> Provider Exp:</td> <td>Pediatric Advanced Life Support</td> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> Provider Exp:</td> </tr> <tr> <td>Neonatal Advanced Life Support</td> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> Provider Exp:</td> <td>Other (please specify)</td> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> Provider Exp:</td> </tr> </table>					Basic Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Advanced Life Support in OB	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Advanced Trauma Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Cardio-Pulmonary Resuscitation	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Advanced Cardiac Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Pediatric Advanced Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Neonatal Advanced Life Support	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:	Other (please specify)	<input type="checkbox"/> Staff	<input type="checkbox"/> Provider Exp:
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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):																												
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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.																												