

Attachment F (continued)

| Practice Location Information - continued | | | |
|--|---|---|---|
| NAME NUMBER | PROFESSIONAL DESIGNATION | STATE & LICENSE | |
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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: | | | |
| | | | |
| OTHER SERVICES | | | |
| <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. | | | |