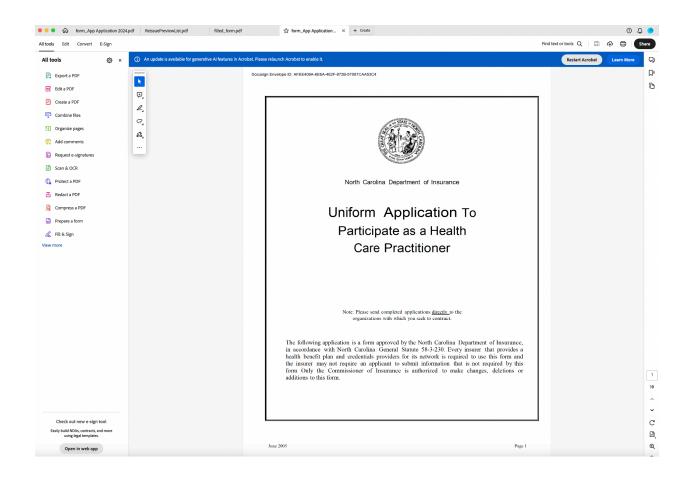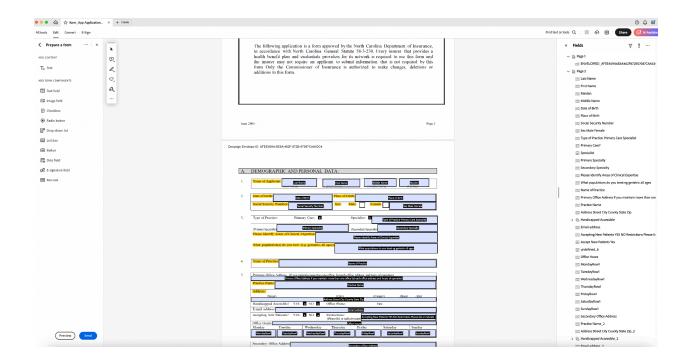Step 1:  Download the pdf form automator tool from git:
https://github.com/OneCredential/onecred-utilities/tree/priv-form-automation

Step 2:  Load the prototype privileging / "Uniform Application to Participate as a Healthcare Practitioner" form in Adobe Acrobat:
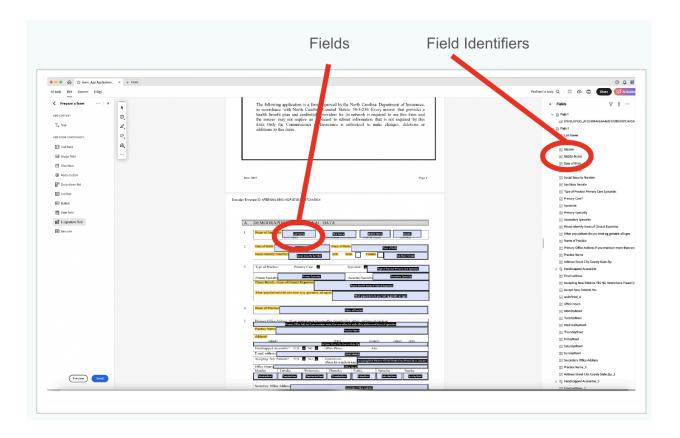


Step 3: Configure the pdf application as a fillable form

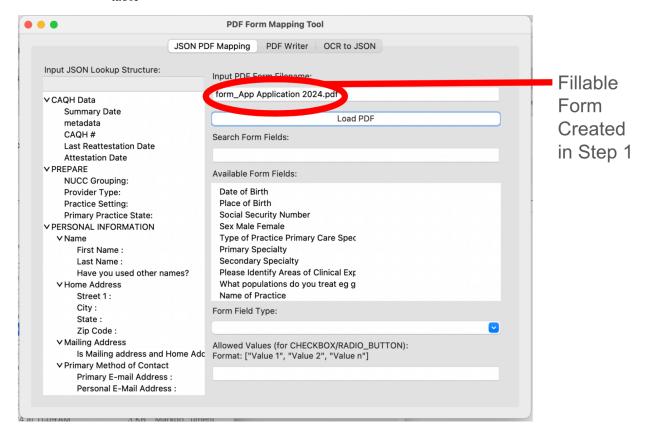        Select "Prepare a Form" (under "All Tools"  left side)

Set the form identifier text - this will be used later as the unique ID/ handle for the form element in order to map the source json to the pdf form



Fields                    Field Identifiers

Step 4 - Once all of the form fields have been created and labeled in the pdf target run the pdf form mapping tool. The tool has two functions:

1. Map json input structure to the form fields
   a. The JSON PDF mapping tab executes a python script that generates the lookup table (lookup_table.json) for the json->pdf form mappings
2. Autofill (write) the json data to the pdf fields according to the mappings
   a. The PDF Writer script runs a python script that fills the pdf target according to the lookup table



Step 5 - Once the lookup table is created use the autofill tool to create a filled form from the form mappings from step 4.

1. Select the JSON field on the left that maps to the appropriate pdf field on the right
2. Select the form field type (fillable text, checkbox, radio button, etc)
3. Set the lookup table filename (lookup_table.json in the project directory
4. Press the map button to write the json

**PDF Form Mapping Tool**

JSON PDF Mapping | PDF Writer | OCR to JSON

Input JSON Lookup Structure:

- ∨ Home Address
  - Street 1 :
  - City :
  - State :
  - Zip Code :
- ∨ Mailing Address
  - Is Mailing address and Home Add
- ∨ Primary Method of Contact
  - **Primary E-mail Address :**
  - Personal E-Mail Address :
- ∨ Phone Numbers
  - Personal Cell Phone :
- ∨ Personal Identification Numbers
  - Social Security Number :
  - Do you have a Unique Physicians
  - UPIN :
  - Do you have an Individual (Type 1
  - Individual NPI :
- ∨ Demographics
  - Gender Identity :
  - Race/Ethnicity :
  - Birth Date :
  - Are you a US Citizen :
- ∨ PROFESSIONAL IDENTIFICATION NUME
  - ∨ Professional License
    - ∨ [0]
      - License State :
      - Do you currently practice in th
      - License Number :
      - License Type :
      - License Status :
      - Issue Date :
      - Expiration Date :
  - ∨ DEA Registration
    - Do you have a DEA Registration
    - DEA Number :
    - DEA State :
    - Issue Date :
    - Expiration Date :
  - ∨ Controlled Dangerous Substance (CI
    - Do you have a CDS Registration (
  - ∨ Medicare
    - Are you a participating Medicare
  - ∨ Medicaid
    - Are you a participating Medicaid
    - Medicaid Number :
    - State :
  - ∨ ECFMG
    - Do you have a Educational Comm
- ∨ EDUCATION

Input PDF Form Filename:

form_App Application 2024.pdf

Load PDF

Search Form Fields:

email

Available Form Fields:

Email address
Email address_2
email
email_2
email_3
email_4
email_5
email_6
email_7
email_8
email_9
email_10

Form Field Type:

FILL_FIELD
FILL_ADDRESS
CHECKBOX
RADIO_BUTTON

Map

Output Lookup Table File:

Save Mappings

Mappings:

Email address -> PERSONAL INFORMATION -> Primary Method of Contact

Once the fields are mapped run the pdf writer tool on the second tab to automatically create a filled pdf form from the input JSON using the mappings created in the first tab