# State of West Virgi
## Credentialing Form

**Responses must be legible. Any response, which cannot be completed supplementary sheets of paper and attached. DO NOT LEAVE ANY FIELDS N/A. Please note you will be held responsible for all information or omissi such statements were prepared by you, an employee, agent or representati provide information in Section 11. After completion of the application, you attestation to each entity to which you wish to apply.**

**Misrepresentation of any statements and information provided by you in s fraudulent and may result in denial or revocation of appointment. (If more on a separate sheet and attach.)**

## 1. Applicant Information

| Last Name (as shown on state license) | First Name | Middle Name |
|---|---|---|
| Nu-Paths | Clarks | Harrisburg |
| **Professional Designation (e.g., MD, DO, DDS, DPM, PA-C, RN, APN)** | **Gender** | **Birth Date** |
| | Male ☐ Female ☐ | |

| Other Name(s) Also Known By | | |
|---|---|---|
| **Name(s)** | Name: | |
| **Date Name Used** | From: | To: |

| Area(s) of Specialty (please be specific and list a | |
|---|---|
| Specialty: | Sub-specialty: |

| Citizenship | |
|---|---|
| **Are you a US Citizen?** | ☐ Yes ☐ No |
| **Please provide the following information if you are not a US Citizen:** | If no, what is your citizenship? |
| | If no, what is status of your Visa? |
| | If no, do you hold a permanent work permit? |