



**Section 1**

**Personal Information and Professional IDs (Continued)**

**Professional IDs**

Include all state licenses, DEA Registration and State Controlled Dangerous Substance (CDS) certification numbers.

Provide all current and previous licenses/certifications.

Non-licensed professionals should enter certification/registration number in the space provided for license number.

If you have additional Professional IDs to report, use the Professional IDs Supplemental Form on page 19.

FEDERAL DEA NUMBER

DEA STATE OF REGISTRATION

DEA ISSUE DATE

DEA EXPIRATION DATE

CDS CERTIFICATE NUMBER

CDS STATE OF REGISTRATION

CDS ISSUE DATE

CDS EXPIRATION DATE





# Primary Specialty

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

SPECIALTY CODE

BOARD CERTIFIED?  YES  NO

CERTIFYING BOARD CODE

INITIAL CERTIFICATION DATE

RECERTIFICATION DATE (IF APPLICABLE)

EXPIRATION DATE (IF APPLICABLE)

APP02 Tw 05 6



\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

**Section 4**

**Practitioner Location Information**

NOTE: IF  
CREDENTIAL

INDICATED THAT YOU PRACTICE EXCLUSIVELY WITHIN THE INPATIENT SETTING ON PAGE 1, YOU ARE ONLY REQUIRED TO COMPLETE THE  
CONTACT QUESTION ABOVE. SECTION 4 MAY BE LEFT BLANK. YOU MAY PROCEED TO SECTION 5 ON PAGE 11.

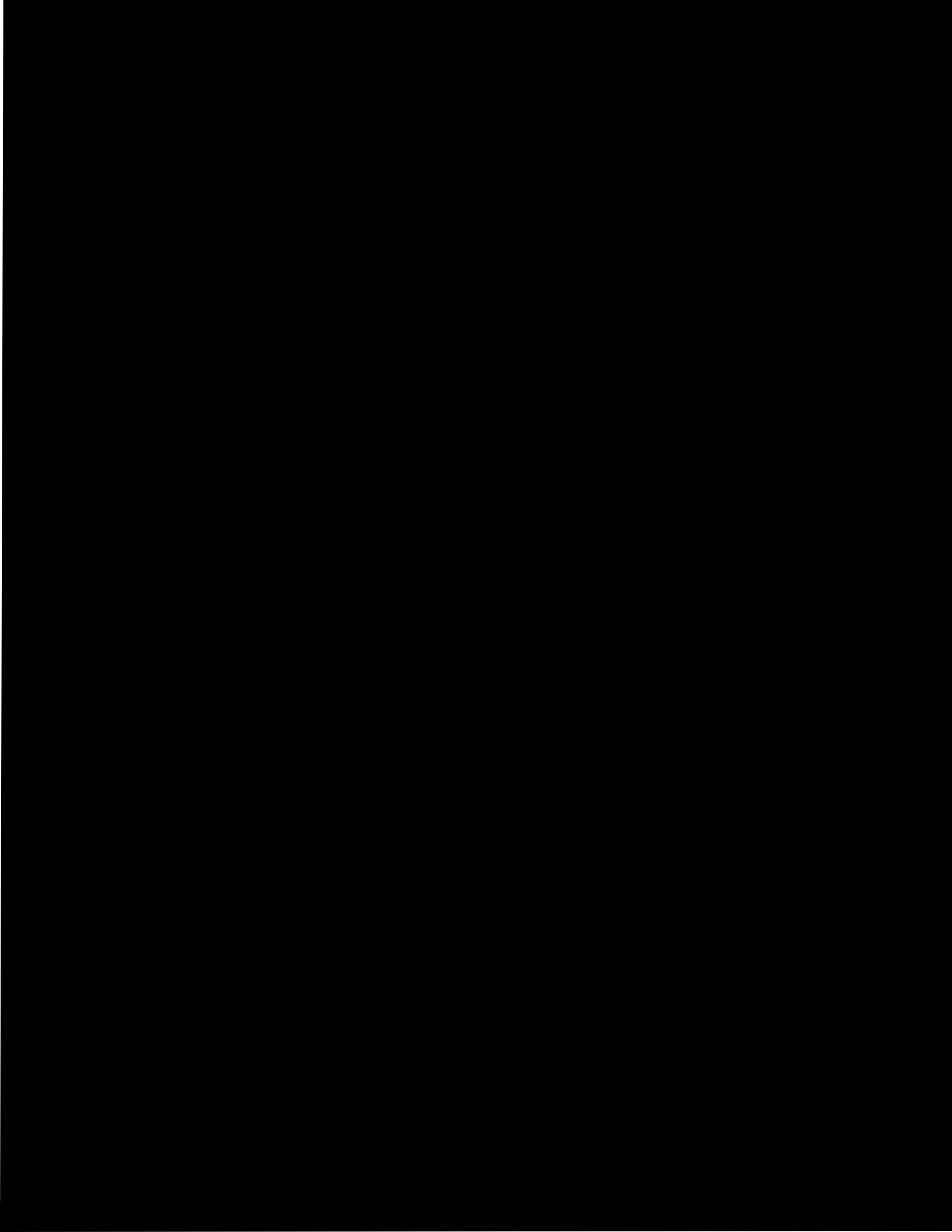
NUMBER\*

STREET\*

SUITE/BUILDING







**Section 4 Practice Location Information (Continued)**

**Languages**

Code lists are found on pages 37. Enter the associated 3-digit code in the space provided.

**LANGUAGES**

**NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL**

LANGUAGE CODE

LANGUAGE CODE

LANGUAGE CODE

LANGUAGE CODE

LANGUAGE CODE

**INTERPRETERS AVAILABLE?\***  YES  NO

**LANGUAGES INTERPRETED**

LANGUAGE CODE

LANGUAGE CODE

LANGUAGE CODE

LANGUAGE CODE

**Accessibilities**

**DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS?\***  YES  NO

**DOES THIS SITE OFFER HANDICAPPED ACCESS FOR THE FOLLOWING**

**BUILDING?\***  YES  NO

**PARKING?\***  YES  NO

**RESTROOM?\***  YES  NO

OTHER HANDICAPPED ACCESS

**DOES THIS SITE OFFER OTHER SERVICES FOR THE DISABLED?\***  YES  NO

**TEXT TELEPHONY (TTY)\***  YES  NO

**AMERICAN SIGN LANGUAGE\***  YES  NO

**MENTAL/PHYSICAL IMPAIRMENT SERVICES\***  YES  NO

OTHER DISABILITY SERVICES

**ACCESSIBLE BY PUBLIC TRANSPORTATION?\***  YES  NO

**BUS\***  YES  NO

**SUBWAY\***  YES  NO

**REGIONAL TRAIN\***  YES  NO

OTHER TRANSPORTATION ACCESS

**Services**

**RADIOLOGY SERVICES?\***  YES  NO

**DRAWING**



**Practice Location Information**



\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

**Section 5**

**Hospital Affiliations (Continued)**

**Hospital Privileges**

If applicable, list all hospital affiliations. List primary hospital, then other current affiliations, followed by previous affiliations in chronological order.

If you have additional hospital privileges, use the Supplemental Hospital Privileges Form on page 30.

**TIP** Be certain your admission percentages add up to 100% for current hospitals. Otherwise, you will have to correct this error.

**PRIMARY HOSPITAL**

HOSPITAL NAME

NUMBER

STREET

SUITE/BUILDING

CITY

STATE

ZIP CODE

TELEPHONE

FAX

DEPARTMENT NAME

AFFILIATION START DATE

FULL, UNRESTRICTED PRIVILEGES?

YES  NO

ARE PRIVILEGES TEMPORARY?

YES  NO

ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)

OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL?

%

**OTHER HOSPITAL**

ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY)





**Work History and References**





**Section 7**      **Work History and References (Continued)**

Gaps in



**Section 8**

**Disclosure Questions**

**Disclosure Questions**

Answer all questions. For any "Yes" response, provide an explanation on the Supplemental Disclosure Question Explanation Form on page 34.

**Allied Health Providers**

If you are an Allied Health Provider and you do not believe a question is applicable to you, you should answer the question "NO".

1.  YES  NO Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?\*
2.  YES  NO Has there been any challenge to your licensure, registration or certification?\*
3.  YES  NO Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?\*
4.  YES  NO Have you ever been investigated by any state or professional licensing, registration or certification board?\*
5.  YES  NO Have you ever been investigated by any state or professional licensing, registration or certification board while your privileges or not reapplied for privileges while under investigation?\*



**Disclosure  
Questions**

# Standard Authorization, Attestation and Release

(Not for Use for Employment Purposes)

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status,

# Professional IDs Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 1

## Personal Information and Professional IDs

### Professional IDs

Include all additional state licenses, DEA Registration and State Controlled Dangerous Substance (CDS) certification numbers.

Provide all current and previous licenses/certifications.

If you need to report additional Professional IDs, photocopy this page as needed and submit as instructed.

3095

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

# Other Relevant Education Supplemental Form

\* REQUIRED RESPONSE. INFORMATION PROVIDED MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

**Section 2 Education and Training**

**Fifth Pathway  
Education**

**Other Relevant  
Education**

If you need to report additional Education, photocopy this page as needed and submit as instructed.

NUMBER

STREET

SUITE/BUILDING

# Other Training Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 2

## Education and Training

### Training

List all postgraduate training programs you attended. Use one section per institution.

If you need to report additional Training, photocopy this page as needed and submit as instructed.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

INSTITUTION / HOSPITAL NAME (USE BOTH LINES IF REQUIRED)		SCHOOL CODE (E.G., AFFILIATED MEDICAL SCHOOL)	
NUMBER	STREET	SUITE/BUILDING	
CITY	STATE	ZIP/POSTAL CODE	
COUNTRY CODE			





# Covering Colleagues Supplemental Form

## Section 4

### Practice Location Information

#### Covering Colleagues

Include all colleagues providing regular services in this/her specialty, including if he/she is a partner in one or more of your practice locations.

#### IMPORTANT

In the box provided, indicate to which practice location this page belongs.

Code lists are found on pages 26, 45, 56 and 59. Please use the associated 3-digit code in the space provided.

If you need to report additional Covering Colleagues, photocopy this page as needed and submit as instructed.



PRIMARY PRACTICE

INDICATE

LAST NAME

SPECIALTY CODE

FIRST NAME LOCATION




FIRST NAME LAST NAME FIRST NAME SPECIALTY CODE SPECIALTY CODE SPECIALTY CODE I.M.I.M.I.

SPECIALTY CODE

FIRST NAME



# Practice Location Information Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 4

## Practice Location Information - Page 1 of 5

### Additional Practice Location

LOCATION\* #

### IMPORTANT

In the box provided, indicate to which practice location this page belongs.

For example, if you practice at three locations, the primary location is reported in the main application and remaining locations would be reported on Supplemental Forms as Location 2 and Location 3.

**TIP** Your Individual Tax ID is assumed to be your Primary Tax ID unless you specify otherwise to the right.

PHYSICIAN GROUP / PRACTICE NAME TO APPEAR IN DIRECTORY (DO NOT ABBREVIATE)\*

GROUP / CORPORATE NAME AS IT APPEARS ON W-9, IF DIFFERENT FROM ABOVE (DO NOT ABBREVIATE)

NUMBER\*

STREET\*

SUITE/BUILDING

CITY\*

STATE\*

ZIP CODE\*

TELEPHONE\*

FAX

OFFICE E-MAIL ADDRESS

### Office Manager or Business Office Contact

List each contact separately. You may use the check boxes below for convenience. Do not write instructions like "see above". These responses will be rejected and will require follow-up.

CHECK HERE TO USE OFFICE MANAGER AND OFFICE ADDRESS AS BILLING INFORMATION

### NOTE:

Even if you checked the boxes above, please provide the e-mail address of the Billing Contact, if available.

3100

┌

└



# Practice Location Information Supplemental Form



# Practice Location Information Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 4 Practice Location Information - Page 5 of 5

### Additional Practice Location (Continued)

→ LOCATION\* #

#### IMPORTANT

In the box provided, indicate to which practice location this page belongs.

If you have additional partners/associates at THIS location, use the Partner/Associate Supplemental Form on page 23. Photocopy as necessary. Be certain to indicate the Practice Location Number at the top of the page.

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

FIRST NAME

### Covering Colleagues

Code lists are found on pages 36-43. Enter the associated 3-digit code in the space provided.

If you have additional covering colleagues that are not partners at THIS location, use the Covering Colleagues Supplemental Form on page 24. Photocopy as necessary. Be certain to indicate the Practice Location Number at the top of the page.

LAST NAME

FIRST NAME LAST

3104

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.



# Professional Liability Insurance Carrier Supplemental Form

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

## Section 6 Professional Liability Insurance Carrier

### Other Professional Liability Insurance Carrier

List secondary / second layer / future or previous carrier(s).

For second layer coverage list name of hospital/organization providing coverage

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CARRIER OR SELF-INSURED NAME

SELF-INSURED?  YES  NO

DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER?  YES  NO \$

POLICY INCLUDES TAIL COVERAGE?  YES  NO

### Other Professional Liability Insurance Carrier

List secondary / second layer / future or previous carrier(s).

For second layer coverage list name of hospital/organization providing coverage

If you need additional space for Insurance Coverage, photocopy this page as needed and submit as instructed.

3106

\* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

# Work History Supplemental Form

## Section 7

## Work History

### Work History

Use this form to continue listing work history.

If you need additional space for Work History, photocopy this page as needed and submit as instructed.

3107



# Professional Training / Work History Gaps Supplemental Form

<b>Section 7</b>	<b>Professional Training / Work History Gaps</b>
------------------	--

**Professional Training / Work History Gaps**

Please explain any time periods or gaps in training or work history that have occurred since graduation from professional school and are longer than three month in duration or of a shorter duration if required by the organization for which you are being credentialed.if required by the

**Section 8 Disclosure Questions**

**Disclosure Questions**

Use this form to report any "Yes" response to DisclosureDisc979ure



# Code Lists

## Provider Type Codes

001	Medical Doctor (MD)				
002	Doctor of Dental Surgery (DDS)				
003	Doctor of Dental Medicine (DMD)				
004	Doctor of Podiatric Medicine (DPM)				
005	Doctor of Chiropractic (DC)				
007	Osteopathic Doctor (DO)				
020	Acupuncturist	030	Licensed Practical Nurse	041	Optometrist
021	Alcohol/Drug Counselor	031	Marriage/Family Therapist	042	Pharmacist
022	Audiologist	032	Massage Therapist	043	Physical Therapist
023	Biofeedback Technician	033	Naturopath	044	Physician Assistant
024	Certified Registered Nurse Anesthetist	034	Neuropsychologist	045	Professional Counselor
025	Christian Science Practitioner	035	Midwife	046	Registered Nurse
026	Clinical Nurse Specialist	036	Nurse Midwife	047	Registered Nurse First Assistant
027	Clinical Psychologist	037	Nurse Practitioner	048	Respiratory Therapist
028	Clinical Social Worker	038	Nutritionist	049	Speech Pathologist
029	Dietician	039	Occupational Therapist		
		040	Optician		

## License Status Codes

001	Active	008	Pending	015	Temporary
002	Canceled	009	Probation	016	Terminated
003	Denied	010	Provisional	017	Time Limited
004	Expired	011	Restricted	018	Unrestricted
005	Inactive	012	Revoked	019	Other
006	Lapsed	013	Suspended		
007	Limited	014	Surrendered		

## Country Codes

# Code Lists

## Language Codes

001 Abkhazian  
002 Afan (Oromo)  
003 Afar  
004 Afrikaans  
005 Albanian  
006 Amharic  
007 Arabic  
008 Armenian  
009 Assamese  
010 Zerbajjani  
011 Bashkir  
012 Basque  
013 Bengali; Bangla  
014 Bhutani  
015 Bihari  
016 Bislama  
017 Breton  
018 Bulgarian  
019 Burmese  
020 Byelorussian  
021 Cambodian  
022 Catalan  
023 Chinese  
024 Corsican  
025 Croatian  
026 Czech  
027 Danish  
028 Dutch  
140 English  
030 Esperanto  
031 Estonian  
032 Faroese  
033 Fiji  
034 Finnish  
035 French  
036 Frisian  
037 Galican  
038 Georgian  
039 Gi

# Code Lists

## U.S. / Canadian Professional School Codes

### Alabama

300 University of Alabama School of Dentistry  
001 University of Alabama School of Medicine  
002 University of South Alabama College of Medicine

### Arkansas

003 University of Arkansas College of Medicine

### Arizona

500 Arizona College of Osteopathic Medicine  
004 University of Arizona College of Medicine

### California

801 California College of Podiatric Medicine  
400 Cleveland Chiropractic College of Los Angeles  
005 Keck School of Medicine  
401 Life Chiropractic College West  
301 Loma Linda University School of Dentistry  
006 Loma Linda University School of Medicine  
402 Los Angeles College of Chiropractic  
403 Palmer College of Chiropractic West  
404 Quantum University/SCCC  
007 Stanford University School of Medicine  
501 Touro University College of Osteopathic Medicine  
008 UCLA School of Medicine  
009 University of California  
010 University of California, Irvine, College of Medicine  
302 University of California, Los Angeles School of Dentistry  
011 University of California, San Diego, School of Medicine  
303 University of California, San Francisco, School of Dentistry  
012 University of California, San Francisco, School of Medicine  
304 University of Southern California School of Dentistry  
305 University of the Pacific School of Dentistry  
502 Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

### Colorado

306 University of Colorado School of Dentistry  
013 University of Colorado School of Medicine

### Connecticut

405 University of Bridgeport College of Chiropractic  
307 University of Connecticut School of Dental Medicine  
014 University of Connecticut School of Medicine  
015 Yale University School of Medicine

### District of Columbia

016 George Washington University  
017 Georgetown University School of Medicine  
308 Howard University College of Dentistry  
018 Howard University College of Medicine

### Florida

800 Barry University School of Graduate Medical Sciences  
309 Nova Southeastern University College of Dentistry  
503 Nova Southeastern University College of Osteopathic Medicine  
310 University of Florida College of Dentistry  
019 University of Florida College of Medicine  
020 University of Miami School of Medicine  
021 University of South Florida College of Medicine

### Georgia

022 Emory University School of Medicine  
406 Life Chiropractic College  
311 Medical College of Georgia School of Dentistry  
023 Medical College of Georgia School of Medicine  
024 Mercer University School of Medicine  
025 Morehouse School of Medicine

### Hawaii

026 John A. Burns School of Medicine

### Iowa

802 College of Podiatric Medicine and Surgery Des Moines University  
504 Des Moines University, Osteopathic Medical Center, College of Osteopathic Medicine and Surgery  
407 Palmer College of Chiropractic  
312 University of Iowa College of Dentistry  
027 University of Iowa College of Medicine

### Illinois

028 Chicago Medical School, Finch University of Health Sciences  
029 Loyola University Chicago, Stritch School of Medicine  
505 Midwestern University, Chicago College of Osteopathic Medicine  
408 National College of Chiropractic  
313 Northwestern University Dental School  
030 Northwestern University Medical School  
031 Rush Medical College of Rush University  
804 Scholl College of Podiatric Medicine at Finch University  
314 Southern Illinois University School of Dental Medicine  
032 Southern Illinois University School of Medicine  
033 University of Chicago, The Pritzker School of Medicine  
315 University of Illinois at Chicago College of Dentistry  
034 University of Illinois College of Medicine

### Indiana

316 Indiana University School of Dentistry  
035 Indiana University School of Medicine

### Kansas

036 University of Kansas School of Medicine

### Kentucky

506 Pikeville College, School of Osteopathic Medicine  
317 University of Kentucky College of Dentistry  
037 University of Kentucky College of Medicine  
318 University of Louisville School of Dentistry  
038 University of Louisville School of Medicine

### Louisiana

319 Louisiana State University School of Dentistry  
039 Louisiana State University School of Medicine in New Orleans  
040 Louisiana State University School of Medicine in Shreveport  
041 Tulane University School of Medicine

### Massachusetts

042 Boston University School of Medicine  
320 Boston University, Goldman School of Dental Medicine  
043 Harvard Medical School  
321 Harvard School of Dental Medicine  
322 Tufts University School of Dental Medicine  
044 Tufts University School of Medicine  
045 University of Massachusetts Medical School

### Maryland

046 Johns Hopkins University School of Medicine  
047 Uniformed Services University of the Health Sciences  
048 University of Maryland School of Medicine  
323 University of Maryland, Baltimore, College of Dental Surgery

### Maine

507 University of New England, College of Osteopathic Medicine

### Michigan

049 Michigan State University College of Human Medicine  
508 Michigan State University, College of Osteopathic Medicine  
324 University of Detroit Mercy School of Dentistry  
050 University of Michigan Medical School  
325 University of Michigan School of Dentistry  
051 Wayne State University School of Medicine

### Minnesota

052 Mayo Medical School  
409 Northwestern College of Chiropractic  
053 University of Minnesota, Duluth School of Medicine  
054 University of Minnesota Medical School, Twin Cities  
326 University of Minnesota School of Dentistry

### Missouri

410 Cleveland Chiropractic College of Kansas City  
509 Kirksville College of Osteopathic Medicine  
411 Logan Chiropractic College  
055 Saint Louis University School of Medicine  
510 University of Health Sciences, College of Osteopathic Medicine

056 University of Missouri, Columbia School of Medicine  
327 University of Missouri Kansas City School of Dentistry  
057 University of Missouri Kansas City School of Medicine  
058 Washington University in St. Louis School of Medicine

**Mississippi**

328 University of Mississippi School of Dentistry

059 University of Mississippi School of Medicine

# Code Lists

## U.S. / Canadian Professional School Codes (continued)

### Canada

355 Dalhousie University Faculty of Dentistry  
126 Dalhousie University Faculty of Medicine  
357 Laval University Faculty of Dentistry  
127 Laval University Faculty of Medicine  
356 McGill University Faculty of Dentistry  
128 McGill University Faculty of Medicine  
129 McMaster University School of Medicine  
130 Memorial University of Newfoundland Faculty of Medicine  
131 Queen's University Faculty of Health Sciences  
132 The University of Western Ontario Faculty of Medicine & Dentistry  
133 Universite de Montreal Faculty of Medicine  
134 Universite de Sherbrooke Faculty of Medicine  
358 University of Alberta Faculty of Dentistry  
135 University of Alberta Faculty of Medicine  
359 University of British Columbia Faculty of Dentistry  
136 University of British Columbia Faculty of Medicine  
137 University of Calgary Faculty of Medicine  
360 University of Manitoba Faculty of Dentistry  
138 University of Manitoba Faculty of Medicine  
361 University of Montreal Faculty of Dentistry  
139 University of Ottawa Faculty of Medicine  
362 University of Saskatchewan College of Dentistry  
140 University of Saskatchewan College of Medicine  
363 University of Toronto Faculty of Dentistry  
141 University of Toronto Faculty of Medicine  
364 University of Western Ontario Faculty of Dentistry

## Specialty Codes - MD / DO Only

247 Allergy & Immunology  
246 Allergy & Immunology, Allergy  
291 Allergy & Immunology, Clinical &  
Laboratory Immunology  
249 Anesthesiology

2 Tc 0 Tw (132) Tj05Tc 0 Tw (Tw (8 Tw (Allesthesiology) Tiled69451 rof 0-0.00Tw (132) T 5 TD -0.0s4 0.267 9(247) Tj 18 0 TD 0.0616 Tc 0.3119 Tw (Alle30 (135) Tj 0 0.1345 Tc -0.061 Tw  
246  
14144Tj 18 0 TD 0.141128Tc -0.067 T6w (AllDermatgy) TiiP0TwatrichDermatgy



# Code Lists

Specialty Codes - MD/DO Only

# Code Lists

## Specialty Codes - Allied Providers (continued)

- 660 Nurse Practitioner, Gerontology
- 661 Nurse Practitioner, Neonatal
- 662 Nurse Practitioner, Neonatal, Critical Care
- 670 Nurse Practitioner, Obstetrics & Gynecology

