

Credentialing Initiation Form LP Mecklenburg-Orange only

Name (First, Middle-No Initial, Last, Maiden): _____

Name of Practice: _____ Provider License Type (MD, LCSW, LMFT etc.): _____

CAQH ID#: _____

NPI: _____ TAXONOMY CODE: _____

Clinician Email address: _____ Phone Number: _____

Date of Birth: ____/____/____

Mailing Address: _____
(Street Name and Number no PO Box) (City) (State)
(Zip+4)

Associate Licensed LP: Provide a copy of your current supervision contract and the name/contact information of your clinical supervisor. Include an attestation from the clinical supervisor stating that you are receiving supervision.

Clinical Supervisor	Phone	Email	Address	City	State	Zip
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Employment Gaps: Explain any gaps longer than 6 months _____

Insurance: Amount of \$1 million / \$3 million? Yes No

Accessibility: Handicapped accessible? Yes No If no, how would you accommodate a handicapped consumer?

Accepting new patients? Yes No

Signature (of the practitioner for whom the application is being submitted):

_____ Date: _____



All Offices:
(919) 651-8401



Online:
AllianceHealthPlan.org

Clinician Site and Specialties Information Sheet

One form to be completed per Provider and Per Site Location
(Submit multiple forms if working at more than one site location)

Help us to communicate to consumers, staff and others what they need to know about you. Credentialing cannot be initiated without receipt of this form. Check below all that apply to your scope of practice/expertise (proof may be requested). One form per site.

Group/Agency Name			
Physical Site Address <i>(list multiple addresses if all the specialties are applicable to each of the sites)</i>			
Specialties & Applied Approaches			
<input type="radio"/> ADD	<input type="radio"/> Persian	<input type="radio"/> EMDR/Bio-Feedback	<input type="radio"/> Eating Disorders
<input type="radio"/> American Indian/Alaska Native	<input type="radio"/> Physically Aggressive Youth	<input type="radio"/> Medicare	<input type="radio"/> Impulse Control
<input type="radio"/> American Sign Language	<input type="radio"/> Play Therapy	<input type="radio"/> Amnestic Disorder	<input type="radio"/> Incest
<input type="radio"/> Applied Behavioral Analysis	<input type="radio"/> Portuguese	<input type="radio"/> Autism Spectrum Disorders	<input type="radio"/> Intellectually Developmentally Delayed
<input type="radio"/> Arabic	<input type="radio"/> Russian	<input type="radio"/> Conduct Disorders	<input type="radio"/> Men's Needs
<input type="radio"/> Armenian	<input type="radio"/> Sex Abuse Treatment	<input type="radio"/> Dementia Disorder	<input type="radio"/> Mood Disorders
<input type="radio"/> Asian/Pacific Islander	<input type="radio"/> Sexual Behavior Problems	<input type="radio"/> Depression	<input type="radio"/> Parent Training
<input type="radio"/> Co-Occurring MH/IDD Needs	<input type="radio"/> Spanish	<input type="radio"/> Factitious Disorders	<input type="radio"/> Perinatal Mood Disorders
<input type="radio"/> Co-Occurring MH/IDD/SU Needs	<input type="radio"/> Special Population- Mute	<input type="radio"/> Obsessive-Compulsive Disorder	<input type="radio"/> Post-Traumatic Stress Disorder (PTSD)
<input type="radio"/> Co-Occurring MH/SU Needs	<input type="radio"/> Specialized Population- Developmental Delayed	<input type="radio"/> Personality Disorders	<input type="radio"/> Psychoanalysis
<input type="radio"/> Co-Occurring SU/IDD Needs	<input type="radio"/> Specialized Population- Intellectual Disability	<input type="radio"/> Rape	<input type="radio"/> Sex Offender Treatment
<input type="radio"/> Domestic Violence Offenders	<input type="radio"/> Specialized Population- non verbal	<input type="radio"/> Schizophrenia and other Psychotic Disorders	<input type="radio"/> Sexual Aggressive Youth
<input type="radio"/> Family Systems	<input type="radio"/> SU and Other Drug Abuse	<input type="radio"/> Sleep Disorders	<input type="radio"/> Stress Management
<input type="radio"/> Farsi	<input type="radio"/> Tele Psychiatry	<input type="radio"/> Somatoform Disorders	<input type="radio"/> Trauma Focused CBT



<input type="radio"/> Foreign Language Line Interpreter	<input type="radio"/> Teletypewriter (TTY)	<input type="radio"/> Traumatic Brain Injury	<input type="radio"/> Visually Impaired			
<input type="radio"/> Gang Involved	<input type="radio"/> Vietnamese	<input type="radio"/> Abuse and Neglect	<input type="radio"/> Women's Needs			
<input type="radio"/> Gender Identity Issues	<input type="radio"/> Women with Children	<input type="radio"/> ADD/ADHD	<input type="radio"/> Dutch			
<input type="radio"/> Group Therapy	<input type="radio"/> All Ages	<input type="radio"/> Adolescents	<input type="radio"/> English			
<input type="radio"/> Hindi	<input type="radio"/> Children (0-3)	<input type="radio"/> Adoption	<input type="radio"/> French			
<input type="radio"/> In Home Therapy	<input type="radio"/> Geriatrics (55+)	<input type="radio"/> Affective Disorders	<input type="radio"/> German			
<input type="radio"/> Italian	<input type="radio"/> Career/Vocational Counseling	<input type="radio"/> Anxiety Disorder	<input type="radio"/> Hmong			
<input type="radio"/> Japanese	<input type="radio"/> Co-Occurring MH/SA Issues	<input type="radio"/> At risk youth	<input type="radio"/> Polish			
<input type="radio"/> Johnston	<input type="radio"/> Dialectical Behavior Therapy	<input type="radio"/> Attachment Needs	<input type="radio"/> Adults (18+)			
<input type="radio"/> Korean	<input type="radio"/> Disability and Chronic Illness	<input type="radio"/> Bipolar Disorder	<input type="radio"/> Gay / Lesbian / Bisexual / Transgender / Questioning			
<input type="radio"/> Mandarin	<input type="radio"/> Faith Based Counseling	<input type="radio"/> Body Image	<input type="radio"/> HIV/AIDS			
<input type="radio"/> Medicare	<input type="radio"/> Forensic Screening/Evaluations	<input type="radio"/> Couple and Family Counseling	<input type="radio"/> Learning Disorders			
<input type="radio"/> NC HealthChoice	<input type="radio"/> Grief and Loss Therapy	<input type="radio"/> Court Ordered	<input type="radio"/> Hispanic or Latin			
<input type="radio"/> Neurodegenerative Disorders	<input type="radio"/> Relaxation/Meditation-Hypnotherapy	<input type="radio"/> Crisis Intervention				
<input type="radio"/> Parent Child Interaction Therapy	<input type="radio"/> Anger Management	<input type="radio"/> Deaf & Hard of Hearing				
Languages in which you are able to communicate fluently:						
<input type="radio"/> Arabic	<input type="radio"/> Dutch	<input type="radio"/> Italian	<input type="radio"/> Persian	<input type="radio"/> Spanish	<input type="radio"/> English	<input type="radio"/> Hindi
<input type="radio"/> Farsi	<input type="radio"/> German	<input type="radio"/> Korean	<input type="radio"/> Portuguese	<input type="radio"/> American	<input type="radio"/> French	<input type="radio"/> Japanese
<input type="radio"/> Mandarin	<input type="radio"/> Polish	<input type="radio"/> Vietnamese	<input type="radio"/> Other (specify) _____	<input type="radio"/> Available Interpreter Types _____		



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Attestation Statement – LP

This Application is to be signed by each individual provider submitting an application.

All information submitted by me in this application, as well as any attachments or supplemental information, is true, current, and complete to my best knowledge and belief as of the date of signature below. I fully understand that any significant misstatement in this application may constitute cause for denial of my application or termination of a resulting participation agreement.

By application for membership in **Alliance Health**, I signify my willingness to appear for interview in regard to my application. I authorize **Alliance Health** to consult with administrators and members of the medical staffs of hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on the questions in this application. Upon request, I will obtain and provide to **Alliance Health** materials pertaining to my qualifications and competence, including materials relating to complaints filed, any disciplinary actions, suspension, or action to curtail my medical-surgical privileges. I further to consent to the inspection by representatives of **Alliance Health** of all documents that may be material to an evaluation of my professional qualifications and competence.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubt about such qualifications. I release from liability all representatives of **Alliance Health** for their acts performed in good faith and without malice in connection with evaluating my applications and my credentials and qualifications, and I release from any liability, all individuals and organizations that provide information to **Alliance Health** in good faith and without malice concerning this application and I hereby consent to the release and verification of information relating to any disciplinary action, suspension, or curtailment of medical-surgical privileges to **Alliance Health**.

I understand that if my application is rejected for reasons relating to my professional conduct or competence, **Alliance Health** may report the rejection to the appropriate state licensing board and/or National Practitioner Data Bank. In the event that I am accepted for participation in **Alliance Health**, I hereby consent to **Alliance Health** for inspection of my patient records relating to **Alliance Health** enrollees as necessary for its peer and utilization review purposes as permitted by state or federal law and regulation. I further agree to notify **Alliance Health** in a timely manner (not to exceed 30 days) of any changes to the information requested on the initial application.

PRINT NAME OF PROVIDER

SIGNATURE OF PROVIDER

DATE



ACCREDITED
Health Call Center
Expires 01/01/2023



ACCREDITED
Health Network
Expires 01/01/2023



ACCREDITED
Health Utilization Management
Expires 01/01/2023