

Network Participation Request form

Before you begin

Are you part of a group practice that is contracted with us? If so, please consult with your group administrator regarding the process for joining the UnitedHealthcare network prior to submitting any documents.

To be considered for participation in the behavioral health network serving members covered by UnitedHealthcare, please fully complete and submit the following documents. Incomplete documents may delay our response to your request.

Network Participation Request form — return pages 1, 2, 3, 4, 5 and 9

- Page 1 Fully complete Sections A and B
- Page 2–3 Check at least 1 area of expertise/population treated. Do not leave blank.
- Page 4–5 Provide requested supporting documents, if applicable. If no attested specialties are applicable, check the “No Specialties” box. Check the acknowledgment box and sign the attestation page.
- Page 9 Substitute Form W-9 (or IRS Form W-9) must be signed and dated by the clinician or the controller of the tax ID number (TIN). TIN requires a separate Substitute Form W-9 or IRS Form W-9.

Individual contract documents (not required for clinicians who are part of a contracted group practice)

- Retain a full copy of the agreement and any attachments, amendments, disclosure forms and/or state-required forms for your records. (Note: The UnitedHealthcare care provider manual is, by extension, part of the agreement. The manual can be found at [UHCprovider.com](https://www.uhcprovider.com).)
- Complete and sign the agreement signature page.
- Complete and sign any attachment, amendment and/or disclosure forms, if signature is required.

Return the completed documents by email to wabhcontracts@uhc.com.

Network Participation Request form

IMPORTANT NOTE: Please complete fully. Incomplete forms will delay the response. Information submitted on this form must match your CAQH application.

Section A – Clinician information

Clinician's name Gender Female Male

Credentiaing contact name		Phone	
Address	City	State	ZIP
Fax #	Credentiaing email		
Council for Affordable Quality Healthcare (CAQH) participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list CAQH #*		

If you do not have a CAQH number, we will provide the number once the determination is made to recruit. *We accept credentialing application submission through CAQH or by other state-approved applications, as applicable. For more information regarding CAQH, you may visit their website at CAQH.org.

1) Professional license type	and license #	Original independent license issue date
2) Professional license type	and license #	Original independent license issue date

IMPORTANT NOTE: Please list any independent license previously held in another state (if applicable).

SSN	DOB	Clinician's email
Individual NPI number		Individual taxonomy code
Group NPI number (Type)		Group taxonomy code
Individual Medicaid #		Individual Medicare #
Board-certified physician	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list board certification date If no, psychiatric fellowship/residency training completion date
Hospital affiliation(s)	Attending <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B – Practice information (addresses and TIN(s) below must match CAQH application)

Primary practice

Practice name	TIN		
Website	Public email <i>(optional — for display in provider directory)</i>		
Physical practice address			
City	State	ZIP	County
Phone	Secure fax (required)		

Additional practice

Practice name		
Physical practice address		
City		
Phone		

**If you have more than 1 additional TIN/group affiliation, please complete information contained in Section B on an additional piece of paper and include corresponding Substitute Form W-9 or IRS W-9 for the additional TIN(s).

Mailing address

City State ZIP County

List all languages (including sign language) in which you are able to conduct treatment:

Optional: Clinician's own ethnicity (data utilized to meet member referral requests):

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other |

Clinical expertise checklist

Clinician's name

CAQH #

Clinicians in the credentialing or recredentialing process have the following rights:

- To review information submitted to support their (re)credentialing application
- To correct erroneous information obtained by UnitedHealthcare to evaluate their (re)credentialing application (not including references, recommendations and other peer-review protected information)
- To submit any corrections, in writing, within 10 days
- To obtain, upon request, information regarding the status of their application

Areas of clinical expertise

Please check all areas you have clinical training and experience **AND are currently willing to treat in your practice.**

- | | |
|---|---|
| <input type="checkbox"/> Abuse (physical, sexual, etc.) | <input type="checkbox"/> Cognitive behavioral therapy |
| <input type="checkbox"/> Acute treatment services (ATS) for substance use disorders (ASAM Level 3.7) | <input type="checkbox"/> Community crisis stabilization |
| <input type="checkbox"/> Adoption issues | <input type="checkbox"/> Community integration counseling |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Community habilitation |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Community self-advocacy training and support |
| <input type="checkbox"/> Assertive community treatment (ACT) | <input type="checkbox"/> Community support program (CSP) |
| <input type="checkbox"/> Assessment and referral – substance abuse | <input type="checkbox"/> Community support program for people experiencing chronic homelessness |
| <input type="checkbox"/> Attention-deficit disorders (ADHD) | <input type="checkbox"/> Compulsive gambling |
| <input type="checkbox"/> Autism spectrum disorders | <input type="checkbox"/> Crisis respite |
| <input type="checkbox"/> Bariatric/gastric bypass evaluation | <input type="checkbox"/> Day habilitation |
| <input type="checkbox"/> Behavior modification | <input type="checkbox"/> Day treatment |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Developmental disabilities |
| <input type="checkbox"/> Blindness or visual impairment | <input type="checkbox"/> Dialectical behavioral therapy |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Disability evaluation/management |
| <input type="checkbox"/> Certified pastoral counselor | <input type="checkbox"/> Dissociative disorders |
| <input type="checkbox"/> Child welfare | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Christian counseling | <input type="checkbox"/> Electroconvulsive therapy (ECT) |
| <input type="checkbox"/> Clinical support services for substance use disorders (ASAM Level 3.5) | <input type="checkbox"/> Emergency services program (ESP) |
| <input type="checkbox"/> Clinically managed population-specific, high-intensity residential services (ASAM Level 3.3) | <input type="checkbox"/> Enhanced outpatient program (EOP) |
| <input type="checkbox"/> Co-occurring disorders treatment (dual diagnosis) | <input type="checkbox"/> Enhanced residential rehabilitation services for dually diagnosed (ASAM Level 3.1 co-occurring enhanced) |

Areas of clinical expertise

- Evaluation and assessment – mental health
- Eye movement desensitization and reprocessing (EMDR)
- Family stabilization team (FST)
- Feeding and eating disorders
- Fetal alcohol syndrome
- Fire-setter evaluation
- Forensic
- Foster care
- Grief/bereavement
- Harm reduction
- Health and behavior assessment and intervention services
- Hearing-impaired populations
- HIV/AIDS/ARC
- Home care/home visits
- Hypnosis
- In-home behavioral services (IHBS)
- In-home therapy (IHT)
- Independent/qualified medical examiner
- Infertility
- Intellectual and developmental disability
- Intensive care coordination (ICC)
- Intensive individual support
- Learning disabilities
- LGBTQ-identified clinician
- LGBTQ supportive
- Long-term care
- Long-acting injectable (LAI) administrator
- Medical illness/disease management
- Medicaid opioid treatment program (OTP) – physicians only
- Medication management
- Military/veterans treatment
- Mobile crisis intervention (MCI)
- Mobile mental health treatment
- Mood disorder
- Multi-systemic therapy (MST)
- Naltrexone injectable MAT
- Native American traditional healing systems
- Nursing home visits
- Obsessive compulsive disorder
- Organic disorders
- Pain management
- Parent support and training
- Parent-child evaluation
- Personality disorders
- Phobia
- Physical disabilities
- Planned respite
- Positive behavioral interventions and supports
- Postpartum depression
- Post-traumatic stress disorder (PTSD)
- Program of assertive community treatment
- Psych testing
- Psychiatric day treatment
- Psychotic/schizophrenic disorders
- Qualified integrated behavioral health provider (QIBPROV)
- Race-based trauma
- Recovery coaching
- Recovery support navigators (RSN)
- Regional Behavioral Health Authority (RHBA)
- Relaxation techniques
- Residential rehabilitation services (ASAM Level 3.1)
- School-based services
- Serious mental illness
- Sex offender treatment
- Sexual abuse evaluation
- Sexual dysfunction
- Sexual trauma
- Sleep-wake disorders
- Somatoform disorders
- SPRAVATO™ (prescribers only)
- Structured Outpatient Addiction Program (SOAP)
- Targeted case management
- TBI waiver – case management
- TBI waiver – community integration
- Counseling TBI waiver – positive behavior
- Telemental health
- Therapeutic monitoring I
- Transitional support services (TSS) for substance use disorders (ASAM Level 3.1)
- Trauma therapy
- Traumatic brain injury
- Weapons clearance
- Workers' compensation
- Youth mobile crisis (mobile crisis intervention – YMCI)
- Youth stabilization services (YSS)
- Youth support

Population(s) treated (check all that apply):

- Adult
- Child
- Adolescent
- Geriatric
- Couples/marriage therapy
- Family therapy
- Group therapy
- Inpatient
- Caregiver

Specialty attestation

You must sign this document even if you are not requesting any of these specialty designations in your provider record. Additional training, experience, requirements and/or outside agency approval is required for the following populations, professional certifications and specialties. **Please review specialty requirements on pages 6–8.**

If you are not requesting a specialty designation, please check the “No specialties” box at the bottom of the list to indicate you have read this form and acknowledge that you have not requested these specialties.

I have reviewed the UnitedHealthcare specialty requirements criteria that a clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, I meet UnitedHealthcare requirements for that treatment area.

Physician specialties

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Child/adolescent (please specify all ages that you treat) <ul style="list-style-type: none"> <input type="checkbox"/> Infant mental health (ages 0–3) <input type="checkbox"/> Preschool ages 0–5) <input type="checkbox"/> Children (ages 6–12) <input type="checkbox"/> Adolescents (ages 13–18) <input type="checkbox"/> Geriatrics <input type="checkbox"/> Buprenorphine – medication-assisted treatment (MAT) (submit DEA registration with the DATA 2000 prescribing identification number) <input type="checkbox"/> Certified group psychotherapist (CGP) (submit certification from IBCGP) <input type="checkbox"/> Chemical dependency/substance abuse/substance use disorder (SUD) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation of completion of training and certification as Assessor) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation of completion of training and certification as Assessor) <input type="checkbox"/> Child-parent psychotherapy (CPP) <input type="checkbox"/> Cognitive processing therapy (CPT) <input type="checkbox"/> Community support team treatment (CST) <input type="checkbox"/> Comprehensive multi-disciplinary evaluation (CMDE) | <ul style="list-style-type: none"> <input type="checkbox"/> Coordinated specialty care (CSC) <input type="checkbox"/> Developmental relationship-based intervention (DRBI) (submit copy of certification) <input type="checkbox"/> First responder <input type="checkbox"/> Medicaid office-based opioid treatment program (OBOT) <input type="checkbox"/> Neuropsychological testing <input type="checkbox"/> Office-based addictions treatment (OBAT) <input type="checkbox"/> Parent-child interaction therapy (PCIT) <input type="checkbox"/> Preschool PTSD treatment (PPT) <input type="checkbox"/> Prolonged exposure (PE) <input type="checkbox"/> Substance abuse expert (submit Nuclear Regulatory Commission qualification training certificate) <input type="checkbox"/> Transcranial magnetic stimulation (TMS) <input type="checkbox"/> Trauma-focused cognitive behavioral therapy (TF-CBT) (submit copy of TF-CBT certification) <input type="checkbox"/> Trauma-informed care (TIC) (submit documentation of completion of TIC training) <input type="checkbox"/> Triple P (Positive Parenting Program) (submit copy of certification in Triple P – Standards Level 4) <input type="checkbox"/> Trust-based relational intervention (TBRI) (submit documentation of completion of TBRI training) <input type="checkbox"/> Youth PTSD Treatment (YPT) |
|---|---|

Non-physician specialties

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Child/adolescent (please specify all ages that you treat) <ul style="list-style-type: none"> <input type="checkbox"/> Infant mental health (ages 0–3) <input type="checkbox"/> Preschool (ages 0–5) <input type="checkbox"/> Children (ages 6–12) <input type="checkbox"/> Adolescents (ages 13–18) <input type="checkbox"/> Geriatrics <input type="checkbox"/> Certified group psychotherapist (CGP) (submit certification from IBCGP) <input type="checkbox"/> Chemical dependency/substance abuse/substance use disorder (SUD) | <ul style="list-style-type: none"> <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 Assessor (submit documentation verifying completion of training and certification as Assessor) <input type="checkbox"/> Child and Adolescent Strengths and Needs (CANS) 2.0 (Child Welfare) Assessor (submit documentation verifying completion of training and certification as Assessor) <input type="checkbox"/> Child-parent psychotherapy (CPP) <input type="checkbox"/> Cognitive processing therapy (CPT) <input type="checkbox"/> Community support team treatment (CST) |
|--|---|

Non-physician specialties (cont.)

- Comprehensive multi-disciplinary evaluation (CMDE)
- Coordinated specialty care (CSC)
- Critical incident stress
- Debriefing (**submit CISD certificate**)
- Developmental relationship-based intervention (DRBI)
- Early intensive developmental and behavioral intervention (EIDBI)
- First responder
- Neuropsychological testing – psychologists only
- Nurses and physician assistants – buprenorphine
- Medication-assisted treatment (MAT) (**submit certification email from DEA**)
- Nurses – prescriptive privileges (**submit ANCC certificate, prescriptive authority, DEA certificate and/or state-controlled substance certificate, based upon state requirement**)
- Office-based addictions treatment (OBAT)
- Parent-child interaction therapy (PCIT)
- Preschool PTSD treatment (PPT)
- Prolonged exposure (PE)
- Substance abuse expert (**submit Nuclear Regulatory Commission qualification training certificate**)
- Substance abuse professional (**submit Department of Transportation certificate**)
- AARP® Medicare Advantage (HMO)
- Transcranial magnetic stimulation (TMS)
- Trauma-focused cognitive behavioral therapy (TF-CBT) (**submit copy of TF-CBT certification**)
- Trauma-informed care (TIC) (**submit documentation of completion of TIC training**)
- Triple P (Positive Parenting Program) (**submit copy of certification in Triple P – Standards Level 4**)
- Trust-based relational intervention (TBRI) (**submit documentation of completion of TBRI training**)
- Veterans administration mental health disability examination – psychologists only
- Youth PTSD treatment (YPT)

No specialties (must be checked if no other specialties are being designated)

I understand that UnitedHealthcare may require documentation to verify that I meet the criteria outlined under specialty requirements pertaining to the specialty or specialties I have designated above. I will cooperate with a UnitedHealthcare documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge. I understand that any information provided, pursuant to this attestation, that is subsequently found to be untrue and/or incorrect could result in my termination from the UnitedHealthcare network.

Please note that standard credentialing criteria must be met before specialty designation can be considered. All clinicians must sign this form whether specialties are applicable or not. Failure to sign this form may cause a delay in the processing of your initial credentialing file.

- I acknowledge that I have read the Agreement and, if applicable for my state, the State Regulatory Attachment, Medicare Regulatory Attachment and/or Medicaid Regulatory Attachment.

Print name of applicant

Signature of applicant

Signature stamps are not accepted.

Important note: Signature on this specialty attestation page is required of all applicants.

Physician specialty requirements

CHILD/ADOLESCENT – psychologists only:

- Completion of an ACGME-approved child and adolescent fellowship OR recognized certification in adolescent psychiatry. (This specialty includes infants, preschool, children and adolescents.)

GERIATRICS:

- Completion of an ACGME-approved geriatric fellowship OR recognized certification in geriatric psychiatry

BUPRENORPHINE – MEDICATION-ASSISTED TREATMENT:

- DEA registration certificate with the DATA 2000 prescribing identification number

CERTIFIED GROUP PSYCHOTHERAPIST:

- Must have board certification from the International Board for Certification of Group Psychotherapists (IBCGP)

CHEMICAL DEPENDENCY/SUBSTANCE ABUSE/SUBSTANCE USE DISORDER:

- Completion of an ACGME board certification in addiction psychiatry OR certification in addiction medicine OR certified by the American Society of Addiction Medicine (ASAM)/renamed American Board of Addiction Medicine (ABAM)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR

- Must have completed training on CANS and be certified as an Assessor

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR

- Must have completed training on CANS and be certified as an Assessor

CHILD-PARENT PSYCHOTHERAPY (CPP):

- Must have Certificate of Completion of Child-Parent Psychotherapy from a trainer endorsed by the University of California, San Francisco

COGNITIVE PROCESSING THERAPY (CPT):

- Licensed mental health provider must complete training in CPT by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

COMMUNITY SUPPORT TEAM TREATMENT (CST):

- Must meet state requirements

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE):

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

COORDINATED SPECIALTY CARE (CSC)

- Must meet state requirements

DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)

- Requires certification in DRBI

MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):

- State certificate, if applicable in your state

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

Physician specialty requirements

FIRST RESPONDER

- Must have 2 or more of the following qualifying attributes:
 - First responder culture training
 - Experience working with first responders (percentage of practice)
 - Advanced PTSD/EMDR or trauma-informed care
 - Substance abuse disorder certified/licensed
 - Background as a first responder
 - Knowledge of continuing care resources in this specialization

MEDICAID OFFICE-BASED OPIOID TREATMENT PROGRAM (OBOT):

- State certificate, if applicable in your state

NEUROPSYCHOLOGICAL TESTING (one of the following):

- Recognized certification in neurology through the American Board of Psychiatry and Neurology
- Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association
- AND all of the following criteria:
 - State medical licensure does not include provisions that prohibit neuropsychological testing service
 - Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested
 - Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring and interpretation

OFFICE-BASED ADDICTIONS TREATMENT (OBAT):

- Provider must have hired a Navigator to assist with OBAT services

PARENT-CHILD INTERACTION THERAPY (PCIT):

- Must be certified by PCIT International

PRESCHOOL PTSD TREATMENT (PPT):

- Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment

PROLONGED EXPOSURE (PE):

- Licensed mental health provider must complete training in PE by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC):

- Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc. Program Services and SAPAA)

TRANSCRANIAL MAGNETIC STIMULATION (TMS):

- Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT):

- Must have obtained a certification from the TF-CBT National Therapist Certification program

TRAUMA-INFORMED CARE (TIC):

- Must have completed training in TIC

TRIPLE P (Positive Parenting Program):

- Must have an accreditation certification in Triple P – Standards Level 4, issued by Triple P America

TRUST-BASED RELATIONAL INTERVENTION (TBRI):

- Must have completed training in TBRI

YOUTH PTSD TREATMENT (YPT):

- Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment

Psychologists, nurses and master's-level clinicians specialty requirements

CHILD/ADOLESCENT – psychologists only:

- Completion of an APA-approved or other accepted training/certification program in clinical child psychology. (This specialty includes infants, preschool, children and adolescents.)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 ASSESSOR:

- Must have completed training on CANS and be certified as an Assessor

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0 (CHILD WELFARE) ASSESSOR:

- Must have completed training on CANS and be certified as an Assessor

CERTIFIED GROUP PSYCHOTHERAPIST:

- Must have board certification from the International Board for Certification of Group Psychotherapists (IBCGP)

CHEMICAL DEPENDENCY/SUBSTANCE ABUSE/SUBSTANCE USE DISORDER:

- Completion an APA or other accepted training in addictionology

OR

- Certification in addiction counseling

AND 1 or more of the following:

- Ten hours of CEU in substance abuse in the last 24-month period
- Evidence of (25% practice experience in substance abuse)

CHILD-PARENT PSYCHOTHERAPY (CPP):

- Must have Certificate of Completion of CPP from a trainer endorsed by the University of California, San Francisco

COGNITIVE PROCESSING THERAPY (CPT):

- Licensed mental health provider must complete training in CPT by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

COMMUNITY SUPPORT TEAM TREATMENT (CST):

- Must meet state requirements

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE):

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

COORDINATED SPECIALTY CARE (CSC):

- Must meet state requirements

CRITICAL INCIDENT STRESS DEBRIEFING:

- Certificate of CISM training from American Red Cross or Mitchell model
- Documentation of training and CEU units in the provision of CISM services

DEVELOPMENTAL RELATIONSHIP-BASED INTERVENTION (DRBI)

- Required certification in DRBI

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI)

- Must meet Department of Human Services (DHS) Early Intensive Developmental and Behavioral Intervention (EIDBI) requirements

FIRST RESPONDER

- Must have 2 or more of the following qualifying attributes:
 - First responder culture training
 - Experience working with first responders (percentage of practice)
 - Advanced PTSD/EMDR or trauma-informed care
 - Substance abuse disorder certified/licensed
 - Background as a first responder
 - Knowledge of continuing care resources in this specialization

Psychologists, nurses and master's-level clinicians specialty requirements

NEUROPSYCHOLOGICAL TESTING – psychologists only:

- Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology

OR

- Completion of courses in neuropsychology including: neuroanatomy, neuropsychological testing, neuropathology or neuropharmacology
- Completion of an internship, fellowship or practicum in neuropsychological assessment at an accredited institution

AND

- Two years of supervised professional experience in neuropsychological assessment

NURSES AND PHYSICIAN ASSISTANTS – BUPRENORPHINE – MEDICATION-ASSISTED TREATMENT:

- Certification from DEA

NURSES REQUESTING PRESCRIPTIVE AUTHORITY MUST:

- Possess a currently valid license as a registered nurse in the state(s) in which you practice
- Be authorized for prescriptive authority in the state in which you practice
- Meet state-specific mandates for the state in which you practice regarding DEA license and physician supervision
- Attest that you meet your state's collaborative or supervisory agreement requirements
- Specifically request prescriptive privileges on the attestation (page 4)

OFFICE-BASED ADDICTIONS TREATMENT (OBAT):

- Provider must have hired a Navigator to assist with OBAT services

PARENT-CHILD INTERACTION THERAPY (PCIT):

- Must be certified by PCIT International

PRESCHOOL PTSD TREATMENT (PPT):

- Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment

PROLONGED EXPOSURE (PE):

- Licensed mental health provider must complete training in PE by approved trainer
- Must complete 2 cases to acceptable fidelity to the model under consultation with an expert consultant

SUBSTANCE ABUSE EXPERT (SAE) – Nuclear Regulatory Commission (NRC):

To qualify as an SAE for the NRC, you must possess one of the following credentials:

- Licensed or certified social worker
- Licensed or certified psychologist
- Licensed or certified employee assistance professional
- Certified alcohol and drug abuse counselor — the NRC recognizes alcohol and drug abuse certification by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA)

AND

- Certificate of NRC SAE qualification training (agencies providing such certification include, but are not limited to, ASAP, Inc. Program Services and SAPAA)

SUBSTANCE ABUSE PROFESSIONAL (SAP):

- Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies providing such certification include, but not limited to, Blair and Burke, EAPA and NMDAC)

TRANSCRANIAL MAGNETIC STIMULATION (TMS):

- Completed all training related to FDA-cleared device(s) to be used in accordance with FDA-labeled indications
- Must be within the scope of state license

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT):

- Must have obtained a certification from the TF-CBT National Therapist Certification Program

TRAUMA-INFORMED CARE (TIC):

- Must have completed training in TIC
-

Psychologists, nurses and master's-level clinicians specialty requirements

TRUST-BASED RELATIONAL INTERVENTION (TBRI):

- Must have completed training in TBRI

VETERANS ADMINISTRATION MENTAL HEALTH DISABILITY EXAMINATION – psychologists only:

- Graduate of an American Psychological Association-accredited university (qualification counts even if accreditation occurred after date of graduation)
- Wheelchair-accessible office
- PC user (Macintosh/Mac computers do not interface with the testing software used in the Disability Examination)
- Agree to participate in initial and annual training programs as required by LHI
- Agree to offer appointments within 10 to 14 days of the request for services
- Agree that beneficiary will not wait longer than 20 minutes in the office before being tested

YOUTH PTSD TREATMENT (YPT):

- Must have advanced certificate from Tulane Psychiatry in youth PTSD treatment
-

Important tax document: Substitute Form W-9

Request for taxpayer identification number

As part of the contracting process, we are requesting that you complete this Substitute Form W-9. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

This information must be consistent with the data provided on page 2 of the application (clinic information).

1. Taxpayer name (To whom the check is payable) (A legal entity name if a corporation or partnership)			
Doing business as: (A division name if a corporation or the name of the business if a sole proprietor)			
	DBA		
2. Taxpayer address			
Street address			
	City	State	ZIP
3. Taxpayer ID number (TIN)			
a. Corporation (List Employer Identification Number)			
b. Partnership (List Employer Identification Number)			
c. Sole proprietorship (List Social Security number or Employer Identification Number)			
d. Tax-exempt entity (List Employer Identification Number)			
e. Other – Please explain (List Employer Identification Number)			
4. Effective date of taxpayer name and TIN			
5. Form completed by (print name)			
6. Signature			
7. Today's date			
8. Daytime phone number			

PLEASE NOTE: INFORMATION REPORTED ON LINES 1–3 MUST BE CONSISTENT WITH DATA ON FILE WITH THE IRS AND SOCIAL SECURITY ADMINISTRATION.