

Description of Specialty Types For School-Based Health Center Providers

Provider Number (7 digits)									
National Provider Identifier (NPI) (10 digits)									

Provider Name: _____

Physical Address of Office: _____

Parish of Physical Address: _____

Specialty Types are defined by the amount of N.P./M.D. time:

<input type="checkbox"/>	7A	NP Part Time No direct services by M.D. N.P. direct services 20 hours less than 20 hours per week
<input type="checkbox"/>	7B	NP Full Time No direct services by M.D. N.P. direct services 20 hours or more per week
<input type="checkbox"/>	7C	MD Part Time Direct services by M.D. less than 20 hours per week
<input type="checkbox"/>	7D	MD Full Time Direct services by M.D. 20 hours or more per week
<input type="checkbox"/>	7E	NP+MD Part Time Combined M.D. plus N.P. direct services less than 20 hours per week
<input type="checkbox"/>	7F	NP + MD Full Time Combined M.D. plus N.P. direct services 20 hours or more per week

 Provider Original Signature (initials or stamped signatures are not acceptable)

 Date