

OREGON PRACTITIONER CREDENTIALING APPLICATION



- **APPLICATION**
- **PROFESSIONAL LIABILITY ACTION DETAIL (ATTACHMENT A)**
- **PROFESSIONAL SPECIALITIES LIST (ATTACHMENT B)**
- **GLOSSARY OF TERMS AND ACRONYMS (ATTACHMENT C)**

REVIEWED, AMENDED & APPROVED
BY THE ADVISORY COMMITTEE ON PHYSICIAN CREDENTIALING INFORMATION (ACPCI)
SEPTEMBER 28, 2004

OREGON PRACTITIONER CREDENTIALING APPLICATION

Prior to completing this credentialing application, please read and observe the following:

I. INSTRUCTIONS

This form should be **typed (using a different font than the form) or legibly printed in black or blue ink**. If more space is needed than provided on original, attach additional sheets and reference the question being answered.

- **Modification to the wording or format of the Oregon Practitioner Credentialing Application will invalidate the application.**
- **Complete the application in its entirety. Keep an unsigned and undated copy of the application on file for future requests.** When a request is placed, send a copy of the completed application, **making sure that all information is complete, current and accurate.**
- **Please sign and date page 10, Attestation Questions and page 11, Authorization and Release of Information Form (and Attachment A, Professional Liability Action Detail, if applicable).**
- Each page of the application requires the applicant's initials and the date on which the application was last reviewed.
- Identify the health care related organization(s) to which this application is being submitted in the space provided below.
- **Attach copies of the documents requested each time the application is submitted.**
- **If a section does not apply to you, please check the provided box at the top of the section.**
- **Mail application to the requesting organization(s).**

Current copies of the following documents must be submitted with this application:

- State Professional License(s)
- DEA Certificate or CSR Certificate
- ECFMG (if applicable)
- Face Sheet of Professional Liability Policy or Certificate

A curriculum vitae is optional and not an acceptable substitute.

I am applying to (please list: Hospital Staff, HMO, IPA):
for: _____

_____ (i.e., staff membership, network participation, if applicable).

OREGON PRACTITIONER CREDENTIALING APPLICATION

II. PRACTITIONER INFORMATION				<i>Please provide the practitioner's full legal name.</i>			
Last Name (include suffix; Jr., Sr., III):		First:		Middle:		Degree(s):	
Is there any other name under which you have been known or have used since starting professional training? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Name(s) and Year(s) Used:							
Home Street Address:				Home Telephone Number: () -			
				E-mail Address:			
City:		State:			Zip:		
Country:		Birth Date: Month / Day / Year			Birth Place:		
Citizenship:		Social Security Number:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Immigrant Visa Number (if applicable):		Status:			Type:		
Educational Commission for Foreign Medical Graduates (ECFMG) Number (if applicable):				Month / Year Issued:			

III. SPECIALTY INFORMATION		<i>This information may be included in directory listings.</i>	
Principal clinical specialty (select from Attachment B, Professional Specialties List):		Do you want to be designated as a primary care practitioner (PCP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional clinical practice specialties:			
Category of professional activity, check all boxes that apply:			
<u>Clinical Practice:</u> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Locum / Temporary <input type="checkbox"/> Other (explain)		<u>Other Professional Activities:</u> <input type="checkbox"/> Administration <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Retired <input type="checkbox"/> Other (explain)	

IV. BOARD CERTIFICATION / RECERTIFICATION				Does Not Apply <input type="checkbox"/>	
<i>This section does not apply to licensure.</i>					
<i>List all current and past certifications. Please attach additional sheets, if necessary.</i>					
Name and Address of Issuing Board		Specialty	Date Certified/Recertified Month / Year	Expiration Date (if any) Month / Year	
If not currently board certified, describe your intent for certification, if any, and dates of previous testing and/or intended future testing for certification below. Please attach additional sheets, if necessary.					

V. OTHER CERTIFICATIONS*Please attach copy of certificate(s), if applicable.*

Examples include: ACLS, BLS, ATLS, PALS, NRP, AANA, Fluoroscopy, Radiography, etc.

Type:	Number:	Month / Year of Certification:	Month / Year of Expiration:
Type:	Number:	Month / Year of Certification:	Month / Year of Expiration:
Type:	Number:	Month / Year of Certification:	Month / Year of Expiration:
Type:	Number:	Month / Year of Certification:	Month / Year of Expiration:

*For additional certifications, please attach a separate sheet.***VI. PRACTICE INFORMATION**

Name of Practice/Affiliation or Clinic:		Department Name (if hospital based):	
Primary Clinical Practice Street Address:			Effective Date at Location, Month / Year:
City:	County:	State:	Zip:
Primary Office Telephone Number: () - Ext	Primary Office Fax Number: () -	Patient Appointment Telephone Number: () - Ext	
Mailing Address (if different from above):			Attn:
Office Manager:	Office Manager's Telephone Number: () - Ext	Office Manager's Fax Number: () -	
Exchange / Answering Service Number: () - Ext	Pager Number: () -	Office E-mail Address:	
Credentialing Contact and Address (if different from above):			
Credentialing Contact's Telephone Number: () - Ext	Credentialing Contact's Fax Number: () -	Credentialing Contact's E-mail Address:	
Federal Tax ID Number or Social Security Number, if used for business purposes:		Name Affiliated with Tax ID Number:	
Secondary Clinical Practice Street Address:			Effective Date at Location, Month / Year:
City:	County:	State:	Zip:
Secondary Office Telephone Number: () - Ext	Secondary Office Fax Number: () -	Patient Appointment Telephone Number: () - Ext	
Mailing Address (if different from above):			Attn:
Office Manager:	Office Manager's Telephone Number: () - Ext	Office Manager's Fax Number: () -	
Exchange / Answering Service Number: () - Ext	Pager Number: () -	Office E-mail Address:	
Credentialing Contact and Address (if different from above):			
Credentialing Contact's Telephone Number: () - Ext	Credentialing Contact's Fax Number: () -	Credentialing Contact's E-mail Address:	
Federal Tax ID Number or Social Security Number, if used for business purposes:		Name Affiliated with Tax ID Number:	

Please list other office locations with above information on a separate sheet.

VII. PRACTICE CALL COVERAGE		<i>Please provide the name and specialty of those practitioners who provide call coverage for your practice or attach separate listing.</i>
NAME:	SPECIALTY:	
1.		
2.		
3.		
4.		
5.		

VIII. UNDERGRADUATE EDUCATION			<i>Please attach additional sheets, if necessary.</i>
Complete School Name:	Degree Received:	Month / Year of Graduation:	
City:	State:	Course of Study or Major:	

IX. GRADUATE EDUCATION			<i>Please attach additional sheets, if necessary.</i>	Does Not Apply <input type="checkbox"/>
Complete School Name:	Degree Received:	Month / Year of Graduation:		
City:	State:	Course of Study or Major:		

X. MEDICAL / PROFESSIONAL EDUCATION					<i>Please attach additional sheets, if necessary.</i>
Complete Medical / Professional School Name and Street Address:					
City:		State		Zip:	
Degree Received:			Fax Number, if available: () -		
From Month / Year:		To Month / Year:		Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)					
Complete Medical / Professional School Name and Street Address:					
City:		State:		Zip:	
Degree Received:			Fax Number, if available: () -		
From Month / Year:		To Month / Year:		Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)					

XI. POST-GRADUATE YEAR 1 / INTERNSHIP			Does Not Apply <input type="checkbox"/>
<i>Please attach additional sheets, if necessary.</i>			
Complete Institution Name and Street Address:			
City:	State:	Zip:	
Type of Internship / Specialty:	Fax Number, if available: () -		
From Month / Year:	To Month / Year:	Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)			

XII. RESIDENCIES			Does Not Apply <input type="checkbox"/>
<i>Please attach additional sheets, if necessary.</i>			
Complete Institution Name and Street Address:			
City:	State:	Zip:	
Specialty:	Fax Number, if available: () -		
From Month / Year:	To Month / Year:	Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)			
Complete Institution Name and Street Address:			
City:	State:	Zip:	
Specialty:	Fax Number, if available: () -		
From Month / Year:	To Month / Year:	Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)			

XIII. FELLOWSHIPS, PRECEPTORSHIPS, OR OTHER CLINICAL TRAINING PROGRAMS			Does Not Apply <input type="checkbox"/>
<i>Please attach additional sheets, if necessary.</i>			
Complete Institution Name and Street Address:			
City:	State:	Zip:	
Specialty:	Fax Number, if available: () -		
From Month / Year:	To Month / Year:	Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)			
Complete Institution Name and Street Address:			
City:	State:	Zip:	
Specialty:	Fax Number, if available: () -		
From Month / Year:	To Month / Year:	Month / Year of Completion:	
Did you complete the program? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you did not complete the program, please explain on a separate sheet.)			

XIV. HEALTH CARE LICENSURE, REGISTRATIONS, CERTIFICATES & ID NUMBERS <i>Please attach additional sheets, if necessary.</i>			
Oregon License or Registration Number:	Type:	Month / Day / Year of Expiration:	
Drug Enforcement Administration (DEA) Registration Number (if applicable):		Month / Day / Year of Expiration:	
Controlled Substance Registration (CSR) Number (if applicable):		Month / Day / Year of Issue:	
UPIN:	NPI Number:	Medicare Number:	OMAP Number:

XV. OTHER STATE HEALTH CARE LICENSES, REGISTRATIONS & CERTIFICATES <i>Please include all ever held.</i>			Does Not Apply <input type="checkbox"/>
State / Country:	Number:	Type:	
Year Obtained:	Month / Day / Year of Expiration:	Year Relinquished:	
Reason:			
State / Country:	Number:	Type:	
Year Obtained:	Month / Day / Year of Expiration:	Year Relinquished:	
Reason:			
State / Country:	Number:	Type:	
Year Obtained:	Month / Day / Year of Expiration:	Year Relinquished:	
Reason:			
State / Country:	Number:	Type:	
Year Obtained:	Month / Day / Year of Expiration:	Year Relinquished:	
Reason:			
State / Country:	Number:	Type:	
Year Obtained:	Month / Day / Year of Expiration:	Year Relinquished:	
Reason:			
<i>Please attach additional sheets, if necessary.</i>			

XVI. HOSPITAL AND OTHER HEALTH CARE FACILITY AFFILIATIONS

Please list in reverse chronological order, with the current affiliation(s) first, all health care institutions where you have and/or have had clinical privileges and/or staff membership. Include (A) current affiliations, (B) applications in process, and (C) previous hospitals, and other facility affiliations (e.g., hospitals, surgery centers or any other health care related facility). **If more space is needed, please attach additional sheets. Do not list residencies, internships or fellowships. Please list employment in Section XVII, Professional Practice/Work History.**

A. CURRENT AFFILIATIONS

Does Not Apply

Facility Name:		Complete Address:
Status (e.g. active, courtesy, provisional, allied health, etc.):	Month / Day / Year of Appointment	
Facility Name:		Complete Address:
Status:	Month / Day / Year of Appointment	
Facility Name:		Complete Address:
Status:	Month / Day / Year of Appointment	
Facility Name:		Complete Address:
Status:	Month / Day / Year of Appointment	

If you do not have hospital admitting privileges, check here:
Please explain on a separate sheet your plan for continuity of care for your patients who require admitting.

B. APPLICATIONS IN PROCESS

Does Not Apply

Facility Name:		Complete Address:
Status (e.g. active, courtesy, provisional, allied health, etc.):	Month / Day / Year of Submission:	
Facility Name:		Complete Address:
Status:	Month / Day / Year of Submission:	

C. PREVIOUS AFFILIATIONS

Please attach additional sheets, if necessary.

Does Not Apply

Facility Name:		Complete Address:
From Month / Day / Year:	To Month / Day / Year:	
Reason for Leaving:		
Facility Name:		Complete Address:
From Month / Day / Year:	To Month / Day / Year:	
Reason for Leaving:		
Facility Name:		Complete Address:
From Month / Day / Year:	To Month / Day / Year:	
Reason for Leaving:		

XVII. PROFESSIONAL PRACTICE / WORK HISTORYDoes Not Apply *A curriculum vitae is not sufficient.*

- A.** Please account for all periods of time from the date of entry into medical/professional school to present. Chronologically list all work, professional and practice history activities since completion of postgraduate training, including military service. **Please explain below in section B any gaps greater than two (2) months.** Please attach additional sheets, if necessary.

Name of Current Practice / Employer:		Contact's Name:
Telephone Number: () - Ext	Fax Number: () -	Complete Address:
From Month / Year:	To Month / Year:	
Contact's E-mail Address, if available:		Professional Liability Carrier:
Name of Previous Practice / Employer:		Contact's Name:
Telephone Number: () - Ext	Fax Number: () -	Complete Address:
From Month / Year:	To Month / Year:	
Contact's E-mail Address, if available:		Professional Liability Carrier:
Name of Previous Practice / Employer:		Contact's Name:
Telephone Number: () - Ext	Fax Number: () -	Complete Address:
From Month / Year:	To Month / Year:	
Contact's E-mail Address, if available:		Professional Liability Carrier:

- B.** Please explain any gaps greater than two (2) months. Include activities and/or names and dates where applicable. Please attach additional sheets, if necessary.

Does Not Apply

Activities and/or Names:	From Month / Year:	To Month / Year:

XVIII. PEER REFERENCES

Please list three (3) references, from licensed professional peers who through recent observations are directly familiar with your work. Do not include relatives. If possible, include at least one member from the Medical Staff of each facility at which you have privileges.

Name of Reference:	Complete Address, include Department if applicable:	
Specialty:		
Telephone Number: () - Ext	Fax Number: () -	E-mail Address, if available:
Name of Reference:	Complete Address, include Department if applicable:	
Specialty:		
Telephone Number: () - Ext	Fax Number: () -	E-mail Address, if available:
Name of Reference:	Complete Address, include Department if applicable:	
Specialty:		
Telephone Number: () - Ext	Fax Number: () -	E-mail Address, if available:

XIX. PROFESSIONAL LIABILITY INSURANCE

Current Insurance Carrier / Provider of Professional Liability Coverage:		Policy Number:	Type of Coverage (check one): Claims-Made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Name of Local Contact:		Mailing Address:	
Contact's Telephone Number: () - Ext			
Per claim limit of liability:	Aggregate amount:		
Month / Day / Year Effective:	Month / Day / Year Retroactive Date, if applicable:	Month / Day / Year of Expiration:	

Please list all previous professional liability carriers within the past five (5) years. Please attach additional sheets, if necessary.

Does Not Apply

Insurance Carrier / Provider of Professional Liability Coverage:		Policy Number:	Type of Coverage (check one): Claims-Made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Name of Local Contact:		Mailing Address:	
Contact's Telephone Number: () - Ext			
Per claim limit of liability:	Aggregate amount:		
Month / Day / Year Effective:	Month / Day / Year Retroactive Date, if applicable:	Month / Day / Year of Expiration:	

Insurance Carrier / Provider of Professional Liability Coverage:		Policy Number:	Type of Coverage (check one): Claims-Made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Name of Local Contact:		Mailing Address:	
Contact's Telephone Number: () - Ext			
Per claim limit of liability:	Aggregate amount:		
Month / Day / Year Effective:	Month / Day / Year Retroactive Date, if applicable:	Month / Day / Year of Expiration:	

Insurance Carrier / Provider of Professional Liability Coverage:		Policy Number:	Type of Coverage (check one): Claims-Made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Name of Local Contact:		Mailing Address:	
Contact's Telephone Number: () - Ext			
Per claim limit of liability:	Aggregate amount:		
Month / Day / Year Effective:	Month / Day / Year Retroactive Date, if applicable:	Month / Day / Year of Expiration:	

Insurance Carrier / Provider of Professional Liability Coverage:		Policy Number:	Type of Coverage (check one): Claims-Made <input type="checkbox"/> Occurrence <input type="checkbox"/>
Name of Local Contact:		Mailing Address:	
Contact Telephone Number: () - Ext			
Per claim limit of liability:	Aggregate amount:		
Month / Day / Year Effective:	Month / Day / Year Retroactive Date, if applicable:	Month / Day / Year of Expiration:	

XX. ATTESTATION QUESTIONS – This section to be completed by the Practitioner.

Modification to the wording or format of these Attestation Questions will invalidate the application.

Please answer the following questions “yes” or “no”. If your answer to any of the following questions is “yes”, please provide details and reasons, as specified in each question, on a separate sheet. **Please sign and date each additional sheet.**

A.	Has your license, certification, or registration to practice your profession, Drug Enforcement Administration (DEA) registration, or narcotic registration/certificate in any jurisdiction ever been denied, limited, suspended, revoked, not renewed, voluntarily or involuntarily relinquished, or subject to stipulated or probationary conditions, or have you ever been fined or received a letter of reprimand or is any such action pending or under review?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B.	Have you ever been suspended, fined, disciplined, or otherwise sanctioned, restricted or excluded for any reasons, by Medicare, Medicaid, or any public program or is any such action pending or under review?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C.	Have you ever been denied clinical privileges, membership, contractual participation or employment by any health care related organization*, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D.	Have you ever surrendered clinical privileges, accepted restrictions on privileges, terminated contractual participation or employment, taken a leave of absence, committed to retraining, or resigned from any health care related organization* while under investigation or potential review?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E.	Has an application for clinical privileges, appointment, membership, employment or participation in any health care related organization* ever been withdrawn on your request prior to the organization’s final action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F.	Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
G.	Have you ever had board certification revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
H.	Have you ever been the subject of any reports to a state or federal data bank or state licensing or disciplinary entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I.	Have you ever been charged with a criminal violation (felony or misdemeanor)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
J.	Do you presently use any illegal drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
K.	Do you now have, or have you had, any physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that affects or is reasonably likely to affect your current ability to practice, with or without reasonable accommodation, the privileges requested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If reasonable accommodation is required, please specify the accommodation(s) required on a separate sheet.		
L.	Are you unable to perform any of the services/clinical privileges required by the applicable participating practitioner agreement/hospital appointment, with or without reasonable accommodation, according to accepted standards of professional performance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
M.	Have any professional liability claims or lawsuits ever been closed and/or filed against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please complete Attachment A, Professional Liability Action Detail , for each past or current claim and/or lawsuit.		
N.	Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**e.g. hospital, medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), physician hospital organization (PHO), medical society, professional association, health care faculty position or other health delivery entity or system*

I certify the information in this entire application is complete, current, correct, and not misleading. I understand and acknowledge that any misstatements in, or omissions from this application will constitute cause for denial of my application or summary dismissal or termination of my clinical privileges, membership or practitioner participation agreement. A photocopy of this application, including this attestation, the authorization and release and any or all attachments has the same force and effect as the original. I have reviewed this information on the most recent date indicated below and it continues to be true and complete. While this application is being processed, I agree to update the information originally provided in this application should there be any change in the information.

I agree to provide continuous care for my patients, until the practitioner/patient relationship has been properly terminated by either party, or in accordance with contract provisions.

Signature:	Date:
-------------------	--------------

OREGON PRACTITIONER CREDENTIALING APPLICATION
AUTHORIZATION AND RELEASE OF INFORMATION FORM

Modified Releases Will Not Be Accepted

By submitting this application, I understand and agree to the following:

1. I understand and acknowledge that, as an applicant for medical staff membership at the designated hospital(s) and/or participation status with the health care related organization(s) [e.g. hospital, medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), physician hospital organization (PHO), medical society, professional association, medical school faculty position or other health delivery entity or system] indicated on this application, I have the burden of producing adequate information for proper evaluation of my competence, character, ethics, mental and physical health status, and other qualifications. In this application, I have provided information on my qualifications, professional training and experience, prior and current licensure, Drug Enforcement Agency registration and history, and applicable certifications. I have provided peer references familiar with my professional competence and ethical character, if requested. I have disclosed and explained any past or pending professional corrective action, licensure limitations or related matter, if any. I have reported my malpractice claims history, if any, and have attached or will provide a copy of a current certificate of professional liability coverage.
2. I further understand and acknowledge that the health care related organization(s) or designated agent would investigate the information in this application. By submitting this application, I agree to such investigation and to the disciplinary reporting and information exchange activities of the health care related organization(s) as a part of the verification and Credentialing process.
3. I authorize all individuals, institutions, entities of other hospitals or institutions with which I have been associated and all professional liability insurers with which I have had or currently have professional liability insurance, who may have information bearing on my professional qualifications, ethical standing, competence, and mental and physical health status, to consult with the designated health care related organization(s), their staffs and agents.
4. I consent to the inspection of records and documents that may be material to an evaluation of qualifications and my ability to carry out the clinical privileges/services I request. I authorize each and every individual and organization in custody of such records and documents to permit such inspection and copying. I am willing to make myself available for interviews, if required or requested.
5. I release from any liability, to the fullest extent permitted by law, all persons for their acts performed in a reasonable manner in conjunction with investigating and evaluating my application and qualifications, and I waive all legal claims against any representative of the health care related organization(s) or their respective agent(s) who acts in good faith and without malice in connection with the investigation of this application.
6. I understand and agree that the authorizations and releases given by me herein shall be valid so long as I am an applicant for or have medical staff membership and/or clinical privileges/participation status at the health care related organization(s) designated herein, unless revoked by me in writing.
7. For hospital or medical staff membership/clinical privileges, I acknowledge that I have been informed of, and hereby agree to abide by, the medical staff bylaws, rules, regulations and policies.
8. I agree to exhaust all available procedures and remedies as outlined in the bylaws, rules, regulations, and policies, and/or contractual agreements of the health care related organization(s) where I have membership and/or clinical privileges/participation status before initiating judicial action.
9. I further acknowledge that I have read and understand the foregoing Authorization and Release. A photocopy of this Authorization and Release shall be as effective as the original and authorization constitutes my written authorization and request to communicate any relevant information and to release any and all supportive documentation regarding this application.

Printed Name:	
Signature:	Date:

I grant permission for the release of the credentials information contained in this practitioner application to the following health care related organization(s):

Modification to the wording or format of the Oregon Practitioner Credentialing Application will invalidate the application.

ATTACHMENT A

PROFESSIONAL LIABILITY ACTION DETAIL – CONFIDENTIAL

Please list any past or current professional liability claim or lawsuit, which has been filed against you. **Photocopy this page as needed and submit a separate page for EACH claim/event.** It is not acceptable to simply submit court documents in lieu of completing this document. Please complete each field. Please attach additional sheet(s), if necessary.

Practitioner's Name (print or type):

Month / Day / Year of the incident: and clinical details:

Your role and specific responsibilities in the incident:

Subsequent events, including patient's clinical outcome:

Month / Day / Year the suit or claim was filed:

Name and address of insurance carrier/professional liability provider that handled the claim:

Your status in the legal action (primary defendant, co-defendant, other):

Current status of suit or other action:

Month / Day / Year of settlement, judgment, or dismissal:

If case was settled out-of-court, or with a judgment, settlement amount attributed to you:

I verify the information contained in this form is correct and complete to the best of my knowledge.

Signature:

Date:

Modification to the wording or format of the Oregon Practitioner Credentialing Application will invalidate the application.

ATTACHMENT B

PROFESSIONAL SPECIALTIES LIST

Note: The following list is from the National Health Care Provider Taxonomy Code List, version 4.1, published in cooperation with the National Uniform Claim Committee (NUCC).” For further information, please go to:

OnlyConnect *hipaa* Health Care EDI, Code Lists; Provider Taxonomy Codes

Website: <http://www.wpc-edi.com/codes/Codes.asp>

Allopathic & Osteopathic Physicians

Allergy & Immunology
Allergy & Immunology, Allergy
Allergy & Immunology, Clinical & Laboratory
Immunology
Anesthesiology
Anesthesiology, Addiction Medicine
Anesthesiology, Critical Care Medicine
Anesthesiology, Pain Medicine
Clinical Pharmacology
Colon & Rectal Surgery
Dermatology
Dermatology, Clinical & Laboratory Dermatological
Immunology
Dermatology, Dermatological Surgery
Dermatology, Dermatopathology
Dermatology, MOHS-Micrographic Surgery
Dermatology, Pediatric Dermatology
Emergency Medicine
Emergency Medicine, Emergency Medical Services
Emergency Medicine, Medical Toxicology
Emergency Medicine, Pediatric Emergency Medicine
Emergency Medicine, Sports Medicine
Emergency Medicine, Undersea & Hyperbaric
Medicine
Family Practice
Family Practice, Addiction Medicine
Family Practice, Adolescent Medicine
Family Practice, Adult Medicine
Family Practice, Geriatric Medicine
Family Practice, Sports Medicine
General Practice
Hospitalist
Internal Medicine
Internal Medicine, Addiction Medicine
Internal Medicine, Adolescent Medicine
Internal Medicine, Allergy & Immunology
Internal Medicine, Cardiovascular Disease
Internal Medicine, Clinical & Laboratory Immunology
Internal Medicine, Clinical Cardiac Electrophysiology
Internal Medicine, Critical Care Medicine
Internal Medicine, Endocrinology, Diabetes &
Metabolism
Internal Medicine, Gastroenterology
Internal Medicine, Geriatric Medicine
Internal Medicine, Hematology
Internal Medicine, Hematology & Oncology
Internal Medicine, Hepatology
Internal Medicine, Infectious Disease
Internal Medicine, Interventional Cardiology
Internal Medicine, Magnetic Resonance Imaging
(MRI)
Internal Medicine, Medical Oncology
Internal Medicine, Nephrology
Internal Medicine, Pulmonary Disease
Internal Medicine, Rheumatology
Internal Medicine, Sports Medicine
Legal Medicine
Medical Genetics
Medical Genetics, Clinical Biochemical Genetics
Medical Genetics, Clinical Cytogenetic
Medical Genetics, Clinic Genetics (M.D.)
Medical Genetics, Clinical Molecular Genetics
Medical Genetics, Molecular Genetic Pathology
Medical Genetics, Ph.D. Medical Genetics
Neurological Surgery
Nuclear Medicine
Nuclear Medicine, In Vivo & In Vitro Nuclear Medicine
Nuclear Medicine, Nuclear Cardiology
Nuclear Medicine, Nuclear Imaging & Therapy
Neuromusculoskeletal Medicine & OMM
Neuromusculoskeletal Medicine, Sports Medicine
Obstetrics & Gynecology
Obstetrics & Gynecology, Critical Care Medicine
Obstetrics & Gynecology, Gynecologic Oncology
Obstetrics & Gynecology, Gynecology
Obstetrics & Gynecology, Maternal & Fetal Medicine
Obstetrics & Gynecology, Obstetrics
Obstetrics & Gynecology, Reproductive
Endocrinology
Ophthalmology
Oral & Maxillofacial Surgery

Orthopaedic Surgery
 Orthopaedic Surgery, Adult Reconstructive
 Orthopaedic Surgery
 Orthopaedic Surgery, Foot & Ankle Orthopaedics
 Orthopaedic Surgery, Hand Surgery
 Orthopaedic Surgery, Orthopaedic Surgery of the
 Spine
 Orthopaedic Surgery, Orthopaedic Trauma
 Orthopaedic Surgery, Sports Medicine
 Otolaryngology
 Otolaryngology, Facial Plastic Surgery
 Otolaryngology, Otolaryngic Allergy
 Otolaryngology, Otolaryngology/Facial Plastic
 Surgery
 Otolaryngology, Otology & Neurotology
 Otolaryngology, Pediatric Otolaryngology
 Otolaryngology, Plastic Surgery within the Head &
 Neck
 Pathology
 Pathology, Anatomic Pathology
 Pathology, Anatomic Pathology & Clinic Pathology
 Pathology, Blood Banking & Transfusion Medicine
 Pathology, Chemical Pathology
 Pathology, Clinical Pathology/Laboratory Medicine
 Pathology, Cytopathology
 Pathology, Dermatopathology
 Pathology, Forensic Pathology
 Pathology, Hematology
 Pathology, Immunopathology
 Pathology, Medical Microbiology
 Pathology, Molecular Genetic Pathology
 Pathology, Neuropathology
 Pathology, Pediatric Pathology
 Pediatrics
 Pediatrics, Adolescent Medicine
 Pediatrics, Clinical & Laboratory Immunology
 Pediatrics, Developmental – Behavioral Pediatrics
 Pediatrics, Medical Toxicology
 Pediatrics, Neonatal-Perinatal Medicine
 Pediatrics, Neurodevelopmental Disabilities
 Pediatrics, Pediatric Allergy & Immunology
 Pediatrics, Pediatric Cardiology
 Pediatrics, Pediatric Critical Care Medicine
 Pediatrics, Pediatric Emergency Medicine
 Pediatrics, Pediatric Endocrinology
 Pediatrics, Pediatric Gastroenterology
 Pediatrics, Pediatric Hematology-Oncology
 Pediatrics, Pediatric Infectious Diseases
 Pediatrics, Pediatric Nephrology
 Pediatrics, Pediatric Pulmonology
 Pediatrics, Pediatric Rheumatology
 Pediatrics, Sports Medicine

Physical Medicine & Rehabilitation
 Physical Medicine & Rehabilitation, Pain Medication
 Physical Medicine & Rehabilitation, Pediatric
 Rehabilitation Medicine
 Physical Medicine & Rehabilitation, Spinal Cord
 Injury Medicine
 Physical Medicine & Rehabilitation, Sports Medicine
 Plastic Surgery
 Plastic Surgery, Plastic Surgery within the Head &
 Neck
 Plastic Surgery of the Hand
 Preventive Medicine
 Preventive Medicine, Aerospace Medicine
 Preventive Medicine, Medical Toxicology
 Preventive Medicine, Occupational Medicine
 Preventive Medicine, Preventive
 Medicine/Occupational Environmental Medicine
 Preventive Medicine, Public Health & General
 Preventive Medicine
 Preventive Medicine, Sports Medicine
 Preventive Medicine, Undersea & Hyperbaric
 Medicine
 Psychiatry & Neurology
 Psychiatry & Neurology, Addiction Medicine
 Psychiatry & Neurology, Addiction Psychiatry
 Psychiatry & Neurology, Child & Adolescent
 Psychiatry
 Psychiatry & Neurology, Clinical Neurophysiology
 Psychiatry & Neurology, Forensic Psychiatry
 Psychiatry & Neurology, Geriatric Psychiatry
 Psychiatry & Neurology, Neurodevelopmental
 Disabilities
 Psychiatry & Neurology, Neurology
 Psychiatry & Neurology, Neurology with Special
 Qualifications in Child Neurology
 Psychiatry & Neurology, Pain Medicine
 Psychiatry & Neurology, Psychiatry
 Psychiatry & Neurology, Sports Medicine
 Psychiatry & Neurology, Vascular Neurology
 Pain Medicine
 Pain Medicine, Interventional Pain Medicine
 Pain Medicine, Pain Medicine
 Radiology
 Radiology, Body Imaging
 Radiology, Diagnostic Radiology
 Radiology, Diagnostic Ultrasound
 Radiology, Neuroradiology
 Radiology, Nuclear Radiology
 Radiology, Pediatric Radiology
 Radiology, Radiation Oncology
 Radiology, Radiological Physics
 Radiology, Therapeutic Radiology

Radiology, Vascular & Interventional Radiology
Surgery
Surgery, Pediatric Surgery
Surgery, Plastic & Reconstructive Surgery
Surgery, Surgery of the Hand
Surgery, Surgical Critical Care
Surgery, Surgical Oncology
Surgery, Trauma Surgery
Surgery, Vascular Surgery
Thoracic Surgery (Cardiothoracic Vascular Surgery)
Transplant Surgery
Urology

Behavioral Health & Social Service Providers

Counselor
Counselor, Addiction (Substance Use Disorder)
Counselor, Mental Health
Counselor, Pastoral
Counselor, Professional
Counselor, School
Marriage & Family Therapist
Neuropsychologist
Neuropsychologist, Clinical
Psychologist
Psychologist, Addiction (Substance Use Disorder)
Psychologist, Adult Development & Aging
Psychologist, Behavioral
Psychologist, Child, Youth & Family
Psychologist, Clinical
Psychologist, Counseling
Psychologist, Educational
Psychologist, Exercise & Sports
Psychologist, Family
Psychologist, Forensic
Psychologist, Health
Psychologist, Men & Masculinity
Psychologist, Mental Retardation & Developmental
Disabilities
Psychologist, Psychoanalysis
Psychologist, Psychotherapy
Psychologist, Psychotherapy, Group
Psychologist, Rehabilitation
Psychologist, School
Psychologist, Women
Social Worker
Social Worker, Clinical
Social Worker, School

Chiropractic Providers

Chiropractor
Chiropractor, Internist
Chiropractor, Neurology

Chiropractor, Nutrition
Chiropractor, Occupational Medicine
Chiropractor, Orthopedic
Chiropractor, Radiology
Chiropractor, Sports Physician
Chiropractor, Thermography
Chiropractor, Occupational Medicine

Dental Providers

Dental Assistant
Dental Hygienist
Dental Laboratory Technician
Dentist
Dentist, Dental Public Health
Dentist, Endodontics
Dentist, General Practice
Dentist, Oral & Maxillofacial Pathology
Dentist, Oral & Maxillofacial Radiology
Dentist, Oral & Maxillofacial Surgery
Dentist, Orthodontics & Dentofacial Orthopedics
Dentist, Pediatric Dentistry
Dentist, Periodontics
Dentist, Prosthodontics
Denturist

Dietary & Nutritional Service Providers

Dietary Manager
Dietetic Technician, Registered
Dietitian, Registered
Dietitian, Registered, Nutrition, Metabolic
Dietitian, Registered, Nutrition, Pediatric
Dietitian, Registered, Nutrition, Renal
Nutritionist
Nutritionist, Nutrition, Education

Emergency Medical Service Providers

Emergency Medical Technician, Basic
Emergency Medical Technician, Intermediate
Emergency Medical Technician, Paramedic
Personal Emergency Response Attendant

Eye & Vision Service Providers

Optometrist
Optometrist, Corneal & Contact Management
Optometrist, Low Vision Rehabilitation
Optometrist, Occupational Vision
Optometrist, Pediatrics
Optometrist, Sports Vision
Optometrist, Vision Therapy
Technician/Technologist
Technician/Technologist, Contact Lens

Technician/Technologist, Contact Lens Fitter
Technician/Technologist, Ocularist
Technician/Technologist, Ophthalmic
Technician/Technologist, Ophthalmic Assistant
Technician/Technologist, Optician
Technician/Technologist, Optometric Assistant
Technician/Technologist, Optometric Technician
Technician/Technologist, Orthoptist

Nursing Service Providers

Licensed Practical Nurse
Licensed Psychiatric Technician
Licensed Vocational Nurse
Registered Nurse
Registered Nurse, Addiction (Substance Use Disorder)
Registered Nurse, Administrator
Registered Nurse, Ambulatory Care
Registered Nurse, Cardiac Rehabilitation
Registered Nurse, Case Management
Registered Nurse, College Health
Registered Nurse, Community Health
Registered Nurse, Continence Care
Registered Nurse, Continuing Education/Staff Development
Registered Nurse, Critical Care Medicine
Registered Nurse, Diabetes Educator
Registered Nurse, Dialysis, Peritoneal
Registered Nurse, Emergency
Registered Nurse, Enterostomal Therapy
Registered Nurse, Flight
Registered Nurse, Gastroenterology
Registered Nurse, General Practice
Registered Nurse, Gerontology
Registered Nurse, Hemodialysis
Registered Nurse, Home Health
Registered Nurse, Hospice
Registered Nurse, Infection Control
Registered Nurse, Infusion Therapy
Registered Nurse, Lactation Consultant
Registered Nurse, Maternal Newborn
Registered Nurse, Medical-Surgical
Registered Nurse, Neonatal Intensive Care
Registered Nurse, Neonatal, Low-Risk
Registered Nurse, Nephrology
Registered Nurse, Neuroscience
Registered Nurse, Nurse Massage Therapist (NMT)
Registered Nurse, Nutrition Support
Registered Nurse, Obstetric, High-Risk
Registered Nurse, Obstetric, Inpatient
Registered Nurse, Occupational Health
Registered Nurse, Oncology

Registered Nurse, Ophthalmic
Registered Nurse, Orthopedic
Registered Nurse, Ostomy Care
Registered Nurse, Otorhinolaryngology & Head-Neck
Registered Nurse, Pain Management
Registered Nurse, Pediatric Oncology
Registered Nurse, Pediatrics
Registered Nurse, Perinatal
Registered Nurse, Plastic Surgery
Registered Nurse, Psychiatric/Mental Health
Registered Nurse, Psychiatric/Mental Health, Adult
Registered Nurse, Psychiatric/Mental Health, Child & Adolescent
Registered Nurse, Rehabilitation
Registered Nurse, Reproductive Endocrinology/Infertility
Registered Nurse, School
Registered Nurse, Urology
Registered Nurse, Women's Health Care, Ambulatory
Registered Nurse, Wound Care

Nursing Service Related Providers (Also see Physician Assistants & Advanced Practice Nursing Providers)

Adult Companion
Chore Provider
Christian Science Practitioner/Nurse
Day Training/Habitation Specialist
Home Health Aide
Homemaker
Nurse's Aide
Nursing Home Administrator
Technician
Technician, Attendant Care Provider
Technician, Personal Care Attendant

Other Service Providers

Acupuncturist
Contractor
Contractor, Home Modifications
Contractor, Vehicle Modifications
Driver
Funeral Director
Homeopath
Legal Medicine
Lodging
Medical Genetics, Ph.D. Medical Genetics
Midwife, Certified
Midwife, Lay
Naturopath
Specialist
Specialist, Graphics Designer

Specialist, Prosthetics Case Management
Specialist, Research Data Abstracter/Coder
Specialist, Research Study
Veterinarian
Veterinarian, Medical Research

Pharmacy Service Providers

Pharmacist
Pharmacist, General Practice
Pharmacist, Nuclear Pharmacy
Pharmacist, Nutrition Support
Pharmacist, Pharmacotherapy
Pharmacist, Psychopharmacy
Pharmacy Technician

Physician Assistants & Advanced Practice Nursing Providers

Anesthesiologist Assistant
Clinical Nurse Specialist
Clinical Nurse Specialist, Acute Care
Clinical Nurse Specialist, Adult Health
Clinical Nurse Specialist, Chronic Care
Clinical Nurse Specialist, Community Health/Public Health
Clinical Nurse Specialist, Critical Care Medicine
Clinical Nurse Specialist, Emergency
Clinical Nurse Specialist, Ethics
Clinical Nurse Specialist, Family Health
Clinical Nurse Specialist, Gerontology
Clinical Nurse Specialist, Holistic
Clinical Nurse Specialist, Home Health
Clinical Nurse Specialist, Informatics
Clinical Nurse Specialist, Long-Term Care
Clinical Nurse Specialist, Medical-Surgical
Clinical Nurse Specialist, Neonatal
Clinical Nurse Specialist, Neuroscience
Clinical Nurse Specialist, Occupational Health
Clinical Nurse Specialist, Oncology
Clinical Nurse Specialist, Oncology, Pediatrics
Clinical Nurse Specialist, Pediatrics
Clinical Nurse Specialist, Perinatal
Clinical Nurse Specialist, Perioperative
Clinical Nurse Specialist, Psychiatric/Mental Health
Clinical Nurse Specialist, Psychiatric/Mental Health, Adult
Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent
Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family
Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically Ill

Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric
Clinical Nurse Specialist, Rehabilitation
Clinical Nurse Specialist, School
Clinical Nurse Specialist, Transplantation
Clinical Nurse Specialist, Women's Health
Midwife, Certified Nurse
Nurse Anesthetist, Certified Registered
Nurse Practitioner
Nurse Practitioner, Acute Care
Nurse Practitioner, Adult Health
Nurse Practitioner, Community Health
Nurse Practitioner, Critical Care Medicine
Nurse Practitioner, Family
Nurse Practitioner, Gerontology
Nurse Practitioner, Neonatal
Nurse Practitioner, Neonatal, Critical Care
Nurse Practitioner, Obstetrics & Gynecology
Nurse Practitioner, Occupational Health
Nurse Practitioner, Pediatrics
Nurse Practitioner, Pediatrics, Critical Care
Nurse Practitioner, Perinatal
Nurse Practitioner, Primary Care
Nurse Practitioner, Psychiatric/Mental Health
Nurse Practitioner, School
Nurse Practitioner, Women's Health
Physician Assistant
Physician Assistant, Medical
Physician Assistant, Surgical

Podiatric Medicine & Surgery Service Providers

Assistant, Podiatric
Podiatrist
Podiatrist, Foot & Ankle Surgery
Podiatrist, Foot Surgery
Podiatrist, General Practice
Podiatrist, Primary Podiatric Medicine
Podiatrist, Public Medicine
Podiatrist, Radiology
Podiatrist, Sports Medicine

Respiratory, Rehabilitative & Restorative Service Providers

Art Therapist
Dance Therapist
Kinesiotherapist
Massage Therapist
Music Therapist
Occupational Therapist
Occupational Therapist, Ergonomics
Occupational Therapist, Hand

Occupational Therapist, Human Factors
 Occupational Therapist, Neurorehabilitation
 Occupational Therapist, Pediatrics
 Occupational Therapist, Rehabilitation, Driver
 Occupational Therapy Assistant
 Orthotics/Prosthetics Fitter
 Orthotist
 Physical Therapist
 Physical Therapist, Cardiopulmonary
 Physical Therapist, Electrophysiology, Clinical
 Physical Therapist, Ergonomics
 Physical Therapist, Geriatrics
 Physical Therapist, Hand
 Physical Therapist, Human Factors
 Physical Therapist, Neurology
 Physical Therapist, Orthopedic
 Physical Therapist, Pediatrics
 Physical Therapist, Sports
 Physical Therapy Assistant
 Prosthetist
 Pulmonary Function Technologist
 Recreation Therapist
 Rehabilitation Counselor
 Rehabilitation Counselor, Assistive Technology
 Practitioner
 Rehabilitation Counselor, Assistive Technology
 Supplier
 Rehabilitation Practitioner
 Respiratory Therapist, Certified
 Respiratory Therapist, Certified, Critical Care
 Respiratory Therapist, Certified, Educational
 Respiratory Therapist, Certified, Emergency Care
 Respiratory Therapist, Certified, General Care
 Respiratory Therapist, Certified, Geriatric Care
 Respiratory Therapist, Certified, Home Health
 Respiratory Therapist, Certified, Neonatal/Pediatrics
 Respiratory Therapist, Certified, Palliative/Hospice
 Respiratory Therapist, Certified, Patient Transport
 Respiratory Therapist, Certified, Pulmonary
 Diagnostics
 Respiratory Therapist, Certified, Pulmonary
 Function Technologist
 Respiratory Therapist, Certified, Pulmonary
 Rehabilitation
 Respiratory Therapist, Certified, SNF/Subacute Care
 Respiratory Therapist, Registered
 Respiratory Therapist, Registered, Critical Care
 Respiratory Therapist, Registered, Educational
 Respiratory Therapist, Registered, Emergency Care
 Respiratory Therapist, Registered, General Care
 Respiratory Therapist, Registered, Geriatric Care
 Respiratory Therapist, Registered, Home Health

Respiratory Therapist, Registered,
 Neonatal/Pediatrics
 Respiratory Therapist, Registered, Palliative/Hospice
 Respiratory Therapist, Registered, Patient Transport
 Respiratory Therapist, Registered, Pulmonary
 Diagnostics
 Respiratory Therapist, Registered, Pulmonary
 Function Technologist
 Respiratory Therapist, Registered, Pulmonary
 Rehabilitation
 Respiratory Therapist, Registered, SNF/Subacute
 Care
 Specialist/Technologist
 Specialist/Technologist, Athletic Trainer
 Specialist/Technologist, Rehabilitation, Blind

Speech, Language & Hearing Service Providers

Audiologist
 Audiologist, Assistive Technology Practitioner
 Audiologist, Assistive Technology Supplier
 Audiologist-Hearing Aid Fitter
 Hearing Instrument Specialist
 Specialist/Technologist
 Specialist/Technologist, Audiology Assistant
 Specialist/Technologist, Speech-Language Assistant
 Speech-Language Pathologist

Technologist, Technicians & Other Technical Service Providers

Radiologic Technologist
 Radiologic Technologist, Bone Densitometry
 Radiologic Technologist, Cardiac-Interventional
 Technology
 Radiologic Technologist, Cardiovascular-
 Interventional Technology
 Radiologic Technologist, Computed Tomography
 Radiologic Technologist, Magnetic Resonance
 Imaging
 Radiologic Technologist, Mammography
 Radiologic Technologist, Nuclear Medicine
 Technology
 Radiologic Technologist, Quality Management
 Radiologic Technologist, Radiation Therapy
 Radiologic Technologist, Radiography
 Radiologic Technologist, Sonography
 Radiologic Technologist, Vascular Sonography
 Radiologic Technologist Vascular-Interventional
 Technology
 Specialist/Technologist Cardiovascular
 Specialist/Technologist Cardiovascular,
 Cardiovascular Invasive Specialist
 Specialist/Technologist Cardiovascular, Sonography

Specialist/Technologist Cardiovascular, Vascular
Specialist
Specialist/Technologist, Health Information
Specialist/Technologist, Coding Specialist,
Physician Office Based
Specialist/Technologist, Registered Record
Administrator
Specialist/Technologist, Other
Specialist/Technologist, Other, Art, Medical
Specialist/Technologist, Other, Biochemist
Specialist/Technologist, Other, Biomedical
Engineering
Specialist/Technologist, Other, Biomedical
Photographer
Specialist/Technologist, Other, Biostatistician
Specialist/Technologist, Other, EEG
Specialist/Technologist, Other,
Electroneurodiagnostic
Specialist/Technologist, Other, Geneticist,
Medical (Ph.D.)
Specialist/Technologist, Other, Graphics Methods
Specialist/Technologist, Other, Illustration, Medical
Specialist/Technologist, Other, Nephrology
Specialist/Technologist, Other, Surgical
Specialist/Technologist, Pathology
Specialist/Technologist, Pathology, Blood Banking
Specialist/Technologist, Pathology, Chemistry
Specialist/Technologist, Pathology, Cytotechnology

Specialist/Technologist, Pathology, Hemapheresis
Practitioner
Specialist/Technologist, Pathology, Hematology
Specialist/Technologist, Pathology, Histology
Specialist/Technologist, Pathology, Immunology
Specialist/Technologist, Pathology, Laboratory
Management
Specialist/Technologist, Pathology, Laboratory
Management, Diplomate
Specialist/Technologist, Pathology, Medical
Technologist
Specialist/Technologist, Pathology, Microbiology
Technician, Cardiology
Technician, Health Information
Technician, Health Information, Assistant Record
Technician
Technician, Other
Technician, Other, Biomedical Engineering
Technician, Other, Darkroom
Technician, Other, EEG
Technician, Other, Renal Dialysis
Technician, Other, Veterinary
Technician, Pathology
Technician, Pathology, Histology
Technician, Pathology, Medical Laboratory
Technician, Pathology, Phlebotomy

ATTACHMENT C

GLOSSARY OF TERMS AND ACRONYMS

AAHC: Accreditation Association for Ambulatory Health Care - An organization that offers voluntary accreditation for ambulatory care organizations.

AANA: American Association of Nurse Anesthetists

ACCREDITATION: A comprehensive, standardized evaluation process that involves assessing the degree to which an organization/individual complies with a defined set of standards.

ACGME: Accreditation Council for Graduate Medical Education - This organization is responsible for the Accreditation of post-M.D. medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

ACLS: Advanced Cardiac Life Support

ADMITTING PRIVILEGES: The right granted to a doctor to admit patients to a particular hospital.

AGENT: An insurance company representative licensed by the state, who solicits, markets, negotiates, binds and administers contracts of insurance.

AGPA: American Group Practice Association

AHA: American Hospital Association

AHP: Allied Health Personnel - Specially trained and licensed, or registered when required by Oregon law, health workers who perform tasks, which might otherwise be performed by physicians or nurses.

AMA: American Medical Association

ANA: American Nurses Association

ANCILLARY SERVICES: Supplemental health care services provided to a person while being treated. Included are laboratory, radiology, physical therapy, etc.

ATLS: Advanced Trauma Life Support

ATTESTATION: A signed statement indicating that a practitioner personally confirmed the validity, correctness, and completeness of his or her credentialing/recredentialing application.

BHC: Behavioral Health Care - A broad array of mental health, chemical dependency, forensic, mental retardation or developmental disabilities and cognitive rehabilitation services provided in settings such as acute, long term and ambulatory care.

BLS: Basic Life Support

CLAIM PENDING: A current request by the insured for indemnification by the insurance company for a loss that is a covered peril.

CLAIMS-MADE COVERAGE: A policy providing liability coverage only if a written claim is made during the policy period or any applicable extended reporting period. For example, a claim made in the current year could be charged against the current policy even if the injury or loss occurred many years in the past. If the policy has a retroactive date, an occurrence prior to that date is not covered. (contrast with Occurrence Coverage).

CME: Continuing Medical Education

COA: Certificate of Authority - A certificate issued by a state government, licensing the operation of a health maintenance organization.

CON: Certificate of Need - A certificate issued by a government body to an individual or organization proposing to construct or modify a health facility, acquire major new medical equipment or offer a new or different health service.

CONTINUITY OF CARE: The provision of care by the same set of practitioners over time or, if the same practitioners are not available, a mechanism to promptly provide appropriate clinical information to the practitioners who continue to provide the same type and level of care.

COORDINATION OF CARE: The mechanisms ensuring that patients and practitioners have access to, and take into account, all required information on patient condition and treatment to ensure that the patient receives appropriate health care services.

COVERAGE: The services for which an insurance policy does and does not pay.

CPR: Cardio-Pulmonary Resuscitation

CREDENTIALING/RE-CREDENTIALING: The process of determining eligibility, for organizations such as hospitals or PHOs, for medical staff membership and privileges to be granted to physicians. Credentials and performance are periodically reviewed, which could result in physician privileges being denied, modified or withdrawn.

CSO: Clinical Service Organization - A medical center integrating the activities of the medical school, faculty practice plan and hospital to negotiate with managed care plans.

CSR: Controlled Substance Registration

CVO: Credential Verification Organization - A group that provides a centralized, uniform process for state medical boards, private and governmental entities to obtain a verified, primary source record of a physician's core medical credentials by gathering, verifying and permanently storing a physician's credentials in a centralized repository.

DCO: Direct Contracting Organization - Individual employers or business coalitions contract directly with providers for health care services with no HMO/PPO intermediary.

DEA: Drug Enforcement Agency - The federal agency that issues licenses to prescribe and dispense scheduled drugs.

ECFMG: Educational Commission for Foreign Medical Graduates - A certification process that assesses the readiness of graduates of foreign medical schools to enter U.S. residency and fellowship programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

EPO: Exclusive Provider Organization - A managed care organization that designates specific physicians and other providers who can provide health care services.

EXCLUSIONS: The specific conditions or circumstances listed in an insurance policy for which the policy will not provide benefit payments.

HCFA: Health Care Financing Agency - The federal agency that administers funds and oversees provision of medical care to Medicare and Medicaid patients.

HMO: Health Maintenance Organization - An organized health care system that is accountable for both the financing and delivery of a broad range of comprehensive health services to an enrolled population. An HMO is accountable for assessing access and ensuring quality and appropriate care. Health care services are rendered by practitioners affiliated with the health care system. In these types of managed care organizations, in order to receive reimbursement, members must obtain all services from an affiliated practitioner or provider and must comply with a pre-defined authorization system.

HSA: Health Systems Agency - A health-planning agency created under the National Health Planning and Resource Development Act of 1974.

ID: Identification

INCIDENT REPORT: The documentation for any unusual problem, incident, or other situation that is likely to lead to undesirable effects or that varies from established health department licenses, policies, procedures and/or practices.

INDEMNIFICATION: Insurance benefits paid to or on behalf of an insured for the provision of goods and services covered by the policy.

INSURANCE: Protection by written contract against financial hazards (in whole or in part) of the happenings of specified fortuitous events.

INSURED: A person or organization, covered by an insurance policy, including the “named insured” and any other parties for whom protection is provided under the policy.

INSURER: The party to the insurance contract who promises to pay losses or benefits or a corporation engaged primarily in the business of furnishing insurance.

INTERNSHIP: Receiving supervised practical experience in the health care field, usually as an advanced or graduate student, also referred to as post-graduate year 1 (PGY1)

IPA: Independent Practice Association - A federation of independently-practicing physicians and/or other practitioners organized to contract with health plans and other third party payers as to the conditions under which medical services will be covered for insured patients with the understanding that said conditions shall be considered and independently agreed to by each practitioner or legally-integrated group of practitioners belonging to the IPA.

IPN: Integrated Provider Network - A group comprised of primary and secondary hospitals, physicians and other health care practitioners within a city or other geographic area.

ISN: Integrated Service Network - A group comprised of a combination of physicians and other health care providers who deliver health care in an integrated way.

JCAHO: Joint Commission on Accreditation of Healthcare Organizations - A private, not-for-profit organization that evaluates and accredits hospitals and other health care organizations providing home care, mental health care, ambulatory care and long term care services.

LAPSED POLICY: A policy terminated for non-payment of premiums.

LOCUM TENENS: The act of a practitioner temporarily taking the place of another practitioner.

MALPRACTICE: Professional misconduct or lack of ordinary skill in the performance of a professional act, which renders the responsible practitioner liable to suit for damages.

MCO: Managed Care Organization - Any type of organizational entity providing managed care such as an HMO, PPO, and EPO, etc.

MEDICAID: A joint federal and state-funded health care program for low-income families and individuals or disabled persons.

MEDICARE: Federal health insurance administered by HCFA. It is the nation's largest health insurance program, which provides health insurance to people age 65 and over, those who have permanent kidney failure and certain people with disabilities.

NA (N/A): Not Applicable

NCHSR: National Center for Health Services Research

NCQA: National Committee for Quality Assurance - An independent non-profit organization that has worked with consumers, health care purchasers, state regulators and the managed care industry in developing standards that evaluate the structure and function of medical and quality management systems in managed care organizations.

NEGLIGENCE: The failure to use the reasonable care that a prudent person would have used under the same or similar circumstances.

NIMH: National Institute of Mental Health

NPI: National Provider Identification number, a unique health identification number for health care providers, which becomes an HIPAA standard by May 23, 2007 for most covered health care entities and May 23, 2008 for small health plans.

NON-PARTICIPATING PROVIDER: Physicians/providers and facilities that are not under contract as health providers for a HMO/PPO.

NOTICE OF CANCELLATION: A written notice by an insurance company of their intent to cancel the policy.

NRP: Neonatal Resuscitation Program

OBME: Oregon Board of Medical Examiners - A state agency responsible for administering the Medical Practice Act and establishing the rules and regulations pertaining to the practice of medicine in Oregon. The board determines requirements for Oregon licensure as a Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), and Acupuncturist (LAc).

OCCURRENCE COVERAGE: A policy form providing liability coverage only for injury or damage that occurs during the policy period, regardless of when the claim is actually made. For example, a claim made in the current policy year could be charged against a prior policy period, or may not be covered, if it arises from an occurrence prior to the effective date. (contrast with Claims-Made Coverage)

OHMO: Office of Health Maintenance Organizations - A component of the U.S. Department of Health and Human Services that is charged with the responsibility for directing the federal HMO program.

OMAP: Office of Medical Assistance Programs - A state agency that acts as the administrator for the Medicaid component of the Oregon Health Plan.

OMPRO: Oregon Medical Professional Review Organization - A private, non-profit organization that contracts to undertake appropriateness of care, utilization management and quality improvement projects for the Health Care Financing Administration (HCFA), other public agencies and insurance companies.

PALS: Pediatric Advanced Life Support

PARTICIPATING PROVIDER: A physician or other health care practitioner who has contracted with a health plan to provide medical services to members.

PCG: Physician Care Groups - A classification system used to determine payment for physician services.

PCN: Primary Care Network - A group of primary care providers linked for purposes of administering health coverage.

PCP: Primary Care Provider - A physician or other health care practitioner who is responsible for monitoring an individual's overall health care needs.

PERIL: The cause of a loss insured against in a policy.

PGY 1: Post-graduate Year 1 (see Internship)

PHO: Physician/Hospital Organization - A legal entity formed and owned by one or more hospitals and physician groups in order to obtain payer contracts and to further mutual interests.

POLICY: The term used for the legal document issued by the company to the policyholder, which outlines the conditions and terms of the insurance; also called the policy contract or the contract.

POS: Point of Service - A type of managed care coverage that allows members to choose to receive services either from participating HMO physicians and other health care practitioners and providers, or from those not in the HMO's network. Patients pay less for in-network care and for out-of-network care; members usually pay deductibles and a percentage of the cost of care.

PPO: Preferred Provider Organization - A network of doctors and hospitals that provide care to an enrolled population at a pre-arranged discounted rate.

PRACTITIONER: A physician or other licensed or registered health care professional qualified to render medical services.

PREMIUM: The amount paid for any insurance policy.

PRO: Peer Review Organization or Physician Review Organization

PROFESSIONAL LIABILITY INSURANCE: Insurance purchased by physicians and other health care providers to help protect themselves from financial risks associated with medical liability claims.

PROVIDER: An institution or organization, such as hospitals, home health agencies, and skilled nursing facilities, that provides services to patients.

PROVIDER TAXONOMY CODES: A provider classification system, which is a nationally recognized list of provider types and specializations, initially setup by the Centers for Medicare/Medicaid Services (CMS) with the intent to provide a single coding structure to support work on the National Provider System. The current list is now administered and published by the National Uniform Claim Committee (NUCC).

REHABILITATION SERVICE: An organization service providing medical, health-related, social and vocational services for disabled persons to help them attain or retain their maximum functional capacity.

RISK: The degree of probability of loss or the amount of possible loss to the insuring company.

SETTLEMENT: A policy benefit or claim payment. It refers to an agreement between both parties to the policy contract as to the amount and method of payment.

SNF: Skilled Nursing Facility - A nursing care facility participating in the Medicaid and Medicare programs which meets specified requirements for services, staffing and safety.

TAXONOMY CODES: See Provider Taxonomy Codes.

TERM: The period of time a policy is in effect.

UPIN: Unique Provider Identification Number

USMLE: United States Medical Licensing Examination - A certifying examination that fulfills requirements for medical licensure, as well as providing a common evaluation system for all applicants for medical licensure. Results of USMLE are reported to medical licensing authorities in the United States for use in granting the initial license to practice medicine.