DENTAL RE-CREDENTIALS VERIFICATION

INSTRUCTIONS: This form should be typed or legibly printed in black ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered.

PRACTITIONER/PRACTICE INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	❑ DDS ❑ DMD ❑ ________	GENDER ❑ MALE ❑ FEMALE
SOCIAL SECURITY NO. (SSN)	PERSONAL NPI NUMBER	PRACTICE NPI NUMBER		DATE OF BIRTH

TAXPAYER IDENTIFICATION NUMBER USED: ❑ SSN or ❑ EIN (EMPLOYER IDENTIFICATION NUMBER)
List # ____________________

DOES YOUR OFFICE COMPLY WITH OSHA/CDC STANDARDS? ❑ YES ❑ NO

PRACTICE NAME

PRIMARY OFFICE STREET ADDRESS	CITY	STATE	ZIP

TELEPHONE NUMBER	OFFICE FAX NUMBER	EMAIL

DENTAL LICENSURE		BOARD CERTIFICATION	
STATE OF ________	LICENSE NUMBER / EXP. DATE	SPECIALTY	DATE CERTIFIED/RECERTIFIED

OTHER CERTIFICATIONS (ATTACH CERTIFICATE IF APPLICABLE)
Examples Include: ACLS, BLS, ATLS, PALS, NRP, E.G. FLUOROSCOPY, RADIOGRAPHY, ETC.

TYPE(S):	NUMBER(S):	EXP. DATE(S):

CURRENT HOSPITAL & OTHER INSTITUTIONAL AFFILIATIONS

FACILITY NAME:	ACTIVE ❑ COURTESY ❑	STAFF PRIVILEGES YES ❑ NO ❑

PROFESSIONAL LIABILITY

NAME OF CARRIER	POLICY NUMBER

ODS requires a one million minimum per claim and a three million minimum aggregate amount LIST YOUR LIMIT PER CLAIM / AGGREGATE AMT:	EFFECTIVE DATE	EXPIRATION DATE

PROFESSIONAL STATUS

If you answer "yes" to any of the following questions, please give full details on a separate sheet of paper.

	YES	NO
1. In the past three years, have you had any malpractice claims or suits filed against you?	❑	❑
If yes, did any of these result in a settlement?	❑	❑
If yes, please explain: ____________________		
2. To your knowledge, in the past three years, have you been the subject of an investigation or disciplinary action by any licensing board or hospital as of the date of this application?	❑	❑
If yes, please explain: ____________________		
3. In the past three years, have you had any professional liability denied, canceled or not renewed?	❑	❑
If yes, please explain: ____________________		
4. In the past three years, have you had any certificate/license by any Board or agency revoked, suspended, voluntarily surrendered, limited or otherwise sanctioned?	❑	❑
If yes, please explain: ____________________		
5. In the past three years, have you been denied a DEA registration number or been issued a restricted DEA registration?	❑	❑
If yes, please explain: ____________________		

I acknowledge that information relating to this application may be investigated and verified by ODS and/or its Representatives and agree that all information contained herein is true and complete, including my NPI which is a component of the credentialing/recredentialing process.

SIGNATURE ____________________ DATE ____________

ODS REVIEW: ____________________ REVIEW DATE: ____________