

New Provider Enrollment Form Attachment A/B

Please attach a W9 and return by email to <u>OhioContracting@Centene.com</u>Or use the submit button at the bottom of this page.

Buckeye Health Plan requires all providers to utilize CAQH for credentialing. If you do not utilize the Global Authorization option in CAQH, it is critical that you grant BHP authorization to access your data.

If more than 5 providers or 5 locations are in a group a Roster will be accepted containing the same information. If additional space is needed, or all the below information cannot be provided in a single document, please submit a separate form.

Please complete one Provider Data Form (page 1) for each new provider in the practice. Location Forms are on pages 2-6. Please complete one Location Form (pages 2-6) for each office location for the provider.						
How many locations does the provider work at under thi		Date Completing:				
	act Information					
Credentialing Contact: Credentialing E-mail:	Credentialing P Credentialing Fa					
	Ip Information					
Group Name:	Group NPI:					
Group Tax ID Number:	Group III II					
Billing Office Address:						
Billing Office City:	State:	Zip:				
Billing Office Phone Number:	Billing Office Ph					
	der Information					
Provider First Name:	Middle:	Last Name:				
Provider DOB:	Provider SSN:					
OH Medicaid Number:	DEA Number:					
State License Number:	Licensed State:					
Individual NPI#: Provider Type: (MD, DO, etc.):						
Primary Specialty: Secondary Specialty:						
Applying PCP Behavioral Health Only Work in a Federally Qualified Health Center for this Tax ID:						
as: 🛛 🔲 Specialist 🔲 Behavioral Health and Medi	cal 🗌 Yes	No No				
Hospital Based and practice exclusively in an inpatient se	tting: 🔲 Yes	No No				
Is provider accepting new patients:	🗌 Yes	🔲 No				
Does the provider have any gender limitation on patients	s? 🗌 Yes	No Gender Limits:				
Does the provider have any Age limitations on patients?	🗌 Yes	No Age Limits:				
Is Provider Affiliated with a PHO:	🗖 Yes	No				
Is provider registered with CAQH: 🛛 Yes 🗌 🛚	lo If Yes, CAQH Pr	ovider ID:				
Please list any non-English languages spoken by provider	:					
Has provider received any Cultural Competency Training	🗌 Yes	🔲 No				
Please list if Cultural Training includes any	🗖 African America	an 🔲 American Indian 🔲 Hispanic/Latino				
of the following:	🗖 Alaskan Native	🗖 Asian 🗖 Pacific Islander				
Please list Specialized Training completed:	Deafness	HIV/AIDS Chronic Illness				
(Behavioral Health Providers must complete	Blindness	🔲 Homelessness 🛛 🗖 Physical Disabilities				
Section C at the end of this form.)	Serious Mental	Illness				
	Signature					
Date:						
Typed Name:						

All fields on this form are required. If information does not apply please indicate N/A in the space provided.

Clear form to start a new application

Submit Once All Pages Are Completed



Location 1

Please compl	Please complete a Location Form for each Practice Location.										
Group Name:	Group Name:										
Practice Location Name: Group Tax ID Number:											
Primary	Street No	Street No Direction Street Name						Suffix	S	uite	
Office											
Primary Office	e City:	··		State:	Zip:		Count	tv i			
	e Phone Numbe	r:		Primary Office	-	mber:	Courr				
PCP: 🗆 Ye	s 🗖 No		Capacity:								
	Monday	Tuesday	Wednesday	Thursday	Fri	day	Sat	urday	S	unda	ay
Office		-	-								•
Hours	То	То	То	То	-	Г		То		То	
	Closed	Closed	Closed	Closed		osed	🗆 C	losed		Close	ed
	Open 24 Hrs		-	Open 24 Hrs		en 24		ben 24			24 Hrs
Does the loca	tion offer teleah	· ·					-	Yes		No	
	tion have access									No	
			for written mater	ials?						No	
			es, either spoken		office					NU	
			edical interpreter		, onice				5		
			on-English langua								
provided at th	• • •			ges ale							
provided at ti											
			ADA Inform								
		-	ndations, Including		-						
		(handicap) parki	ng (1 in 25 or 10%	of total spaces) th	hat serve	e people v	with		Ye:	-	🗌 No
mobility disab			o in your parking lo	+						5	
-	le next to each m		e in your parking lo	ι.							
			tions, Including AL	L of the following							
			tient who uses an a			۲					
			36" wide, and easy		51 50000						
-	or or stall have a i		-	to open.					🗌 Ye	S	🗆 No
	e toilet seat 17-19										
	hind and to the w										
	open space (at lea										
	towel dispensers										
Does your off	ice meet Exam Ro	oom Recommen	dations, Including	ALL of the followi	ng:						
-At least one	exam room availa	ble via an acces	sible route (no less	than 36" wide) w	/ith an ei	ntry dooi	at 32"				
clear opening	with a minimum	of 30" by 48" cl	ear approach next	to an examinatior	n table fo	or transfe	er from	а	🗌 Ye	S	🔲 No
wheelchair.											
-Staff membe	rs trained to assis	t with transfers	on/off of examinat	tion table.							
Does your off	ice meet Equipme	ent Recommend	lations, Including A	LL of the followin	g:						_
	heelchair scale.								Ye	S	No
	-Access to a height adjustable exam table.										
Does your office meet Route Recommendations, Including ALL of the following:							No				
			and slip resistant a		ide.						
			ons, Including ALL	-							
	-If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system.										
-					مامحنا		t -		Ye	5	No
			care control buttor	-							
		-	' from the floor, wi	-		up and d	own				
	er par enunciators	and doors and	cabs with the appro	ophate dimensior	15.	-				-	Ne
Is the provide	r's location on an	accessible publ	ic transportation ro	oute?		Bus			Yes		No
						Trai	n		Ye	S	No

(Rev. 09/2020)

Page 2 of 6



Location 2

		orm for each I	Practice Location.								
Group Name:				Γ							
Practice Locat	Practice Location Name: Group Tax ID Number:										
Primary Office Address:								5	Suffix	Suite	
Primary Office	Primary Office City: County County										
	e Phone Number	:		Primary Office		mber:					
PCP: Ye			Capacity:								
	Monday	Tuesday	Wednesday	Thursday	Fri	iday		Saturda	iy	Su	nday
Office											
Hours	То	То	То	То		То		То			То
	Closed	Closed	Closed	Closed		osed		Closed	1		osed
	Open 24 Hrs	🗆 Open 24 Hrs	🗆 Open 24	Open 24 Hrs	□ Op	en 24		Open 2	4 Hrs		oen 24 Hrs
Does the loca	tion offer teleah	ealth services	?					🗆 Ye	es	🗆 No)
Does the loca	tion have access	to Language L	ine Services?					🗆 Ye		🗆 No)
			for written materi	ials?				□ Ye			
			es, either spoken		office						
	offered onsite by			.,,							
			n-English languag	zes are							
provided at th											
provided acti			ADA Inform	nation							
-	Does your office meet ADA Parking Recommendations, Including ALL of the following:										
	-Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with										
mobility disab									[🗌 Yes	🗖 No
	-At least 1 space that is van accessible available in your parking lot.										
-An access ais	le next to each ma	arked space.									
Does your offi	ice meet Restroor	n Recommenda	tions, Including ALI	L of the following:							
		-	tient who uses an a		r scoote	er.					
			36" wide, and easy	to open.					[🗌 Yes	🗖 No
	or or stall have a r										
•	e toilet seat 17-19										
	hind and to the w										
	open space (at lea										
-	towel dispensers										
-			dations, Including A		-						
			sible route (no less			-			r		
	with a minimum o	DT 30 DY 48 CIE	ear approach next t	o an examination	table to	or transfe	r froi	na	l	Yes	🗆 No
	wheelchair. -Staff members trained to assist with transfers on/off of examination table.										
			ations, Including A								
			ations, including A	LE OF THE TOHOWINE	3.					Yes	🗌 No
	-Access to a wheelchair scale. Ves No -Access to a height adjustable exam table.										
Does your office meet Route Recommendations. Including ALL of the following:											
-	-The route of travel to the building stable, firm and slip resistant and at least 36" wide.										
			ons, Including ALL o								
			e a ramp or lift or is	-	tive acce	essible er	ntran	ce.			
			d or easy assist sys						Γ	Yes	No
			care control button	-				ſS			
		-	from the floor, wit	-		up and do	own				
direction or ve	erbal enunciators	and doors and o	cabs with the appro	priate dimension	s.						
Is the provide	r's location on an	accessible publi	c transportation ro	ute?		Bus				Yes	□No
(D	. 02/2040		D			Trai	n			Yes	□No



Location 3

Please com	plete a L	ocation	Form f	or each	Practice	Location.
ricuse com		.ocution i		or cucir	i l'actice	Location

Group Name:	Group Name:									
Practice Location	Name:			Group Tax ID Nu	umber:					
Primary Office Address:	Street No	Direction	Street Name						Suffix	Suite
Primany Office Cit				State:	Zip:		Cou	ntv		
Primary Office City: State: Zip: County: Primary Office Phone Number: Primary Office Fax Number:										
PCP: Yes			Capacity:			JEI.				
Office	Monday	Tuesday	Wednesday	Thursday	Fri	iday	S	aturday	SL	ınday
Office Hours										
nours	То	То	То	То		То		То		То
	Closed	Closed	d 🔲 Closed	Closed	🔲 Clo	osed		Closed		losed
	Open 24 Hrs	🗆 Open 24 H	Irs 🗆 Open 24	Open 24 Hrs	🗆 Op	en 24		Open 24	Hrs 🔲 C	pen 24 Hrs
Does the location	n offer teleahea	Ith services?						🗆 Ye	s 🗆 No)
Does the location	n have access to	Language Lir	e Services?					🗆 Ye	5 🗆 N	C
Does the location	n offer translatio	on services fo	r written materials?					🗆 Ye	5 🗆 N	C
Does the location	offer non-Engl	ish languages	, either spoken by th	eprovider, office				🗆 Ye	s 🗆 No	
personnel or offe				, ,						
If above question	is ves, please li	ist which non	-English languages ar	e						
provided at this l			0 0 0							
			ADA Inform	nation						
Dees your office		king Docomm			ng:					
Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with										
mobility disabili		(nanuicap) pa		or total spaces, th	iat serve	e people v	WILLI		🗆 Yes	🗆 No
	-At least 1 space that is van accessible available in your parking lot.									
-	-At least 1 space that is van accessible available in your parking lot. -An access aisle next to each marked space.									
		•	dations, Including AL	I of the following						
-			patient who uses an a	-		r				
-	-		st 36" wide, and easy			-1.			🗆 Yes	🗆 No
			ar opening of 32".	to open.						
-The top of the t										
-Grab bars behi										
			side of the toilet.							
-The soap and to		-								
			endations, Including	ALL of the followi	ng:					
-			essible route (no less		-	ntry door	at 32			
clear opening w	ith a minimum	of 30" by 48"	clear approach next	to an examination	table fo	or transfe	er fror	n a	🗆 Yes	🗖 No
wheelchair.										
-Staff members	-Staff members trained to assist with transfers on/off of examination table.									
Does your office	e meet Equipme	ent Recomme	ndations, Including A	LL of the followin	g:					
-Access to a whe	eelchair scale.		_		-				Yes	No
	-Access to a height adjustable exam table.									
Does your office meet Route Recommendations. Including ALL of the following:							No			
-The route of travel to the building stable, firm and slip resistant and at least 36" wide.										
			itions, Including ALL		_					
			iere a ramp or lift or i		tive acc	essible er	ntran	ce.		
-	-An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters						No			
				-				S		
-		-	64" from the floor, wi	-		up and do	own			
direction or veri	bai enunciators	and doors an	d cabs with the appro	opriate dimension	15.	1				
Is the provider's	location on an	accossible pu	blic transportation =	uto?		Bus			Yes	No
	03/2018)	accessible pu	blic transportation ro Pa	ge 4 of 9		Trai	n		Yes	No
, <u>, , , , , , , , , , , , , , , ,</u>	,									



Location 4

Please complete a Location Form for each Practice Location.										
Group Name:										
Practice Locat	ion Name:			Group Tax ID N	lumber:					
Primary Office	e Street No	Direction St	rection Street Name Suffix Su							
Address:										
Primary Office				State:	Zip:	County:				
Primary Office	<u>Phone Number</u>	:		Primary Office	Fax Number:					
PCP: 🗆 Ye	s 🗆 No		Capacity:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	y S	unday		
Office										
Hours	То	То	То	То	То	То		То		
	Closed	Closed	Closed	Closed	Closed	Closed		Closed		
	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hrs	Open 24 Hr	s 🗆 🛛 Open 24	Hrs 🗆 C)pen 24 Hrs		
Does the locat	tion offer teleah	ealth services?	•			🗆 Yes	🗆 No			
Does the locat	tion have access	to Language Li	ne Services?			🗆 Yes	🗆 No			
Does the locat	tion offer transla	tion services fo	or written materia	ıls?		🗆 Yes	🗆 No			
Does the locat	tion offer non-Er	iglish language	s, either spoken b	ov the provider. o	office	🗆 Yes	🗆 No			
	offered onsite by		•	,,, .						
•			n-English language	es are						
provided at th			1 211211311 101120020							
provided de til			ADA Informa	otion						
			_							
-Adequate, ma mobility disab -At least 1 spa	Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -At least 1 space that is van accessible available in your parking lot. -An access aisle next to each marked space.									
-Restroom larg -The entry doo -The toilet doo -The top of the -Grab bars bel -At least one o	ge enough to acco ors to the restroor or or stall have a n e toilet seat 17-19 hind and to the wa open space (at leas	mmodate a pati ns are at least 36 ninimum clear op " from the floor. Ill side of the toi st 42") to the sid	let. e of the toilet.	ult wheelchair or	scooter.		☐ Yes	No		
-At least one e clear opening wheelchair.	 -The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a Yes No wheelchair. -Staff members trained to assist with transfers on/off of examination table. 									
-Access to a w	ce meet Equipme heelchair scale. eight adjustable ex		tions, Including ALI	L of the following:			Yes	No No		
Does your offi	ce meet Route Re	commendations	, Including ALL of th and slip resistant an	-	e.		Yes	No		
Does your offi -If there are st -An entry doo -Elevators loca and Braille syr	ce meet Interior F cairs at the main e r at least 34" wide ated on an accessi nbols that are no l	Recommendation ntrance, is there with a push pac ble route with ca higher than 54" f	ns, Including ALL of a ramp or lift or is l or easy assist syste are control buttons from the floor, with abs with the approp	the following: there an alternativ em. designated with b audible signals fo	ve accessible ent both raised chara or the up and dov	octers	Yes	No		
				_	Bus		Yes	No		
Is the provider (Rev	r's location on an a v. 09/2020)	accessible public	transportation rou Page	te? e 5 of 9	Train		Yes	No		



Location 6

Group Name: Fractice Location Name: Group Tax ID Number: Primary Office Ctry: Street No Direction Primary Office Ctry: State: Zip: County Primary Office Phone Number: Primary Office Fax Number: Prindary Office Fax Number: PCP: Ves No Capacity: Imary Office Fax Number: Pridary Staturday Staturday Standay PCP: Ves No Capacity: Staturday Staturday Office Hours To To To To To Office Ctry: Closed Clos	Please comple	Please complete a Location Form for each Practice Location.									
Primary Office Street No Direction Street Name Suffix Suite Address: Primary Office City: State: Zip: County Primary Office Fax Number:	Group Name:										
Address:	Practice Locat	ion Name:			Group Tax ID N	lumber:	:				
Primary Office City: State: Zip: County Primary Office Phone Number: Primary Office Fax Number: Primary Office Fax Number: PCP: Yes No Capacity: Office Monday Tuesday Wednesday Thursday Friday Saturday Sunday Office To To To To To To To To Office Open 24 His	Primary Office	mary Office Street No Direction Street Name							Suffix	Suite	
Primary Office Phone Number: Primary Office Fax Number; PCP: 'Ps' No Capacity: Office Hours To To	Address:										
PCP: Image: Problem Services Capacity: Office To To To To Image: Problem Services To To To To Image: Problem Services Image: Problem Services Image: Problem Services Image: Problem Services Does the location Area caces to Language Line Services? Yes No Does the location offer translation services for written materials? Yes No Does the location offer onn-English languages, either spoken by the provider, office Yes No Does the location offer on-metropilsh languages, either spoken by the provider, office Yes No Does the location offer on-metropilsh languages, either spoken by the provider, office Yes No Provided at this location:	Primary Office City: State: Zip: County										
Monday Tuesday Wednesday Thursday Friday Saturday Sunday Office To	Primary Office	e Phone Number	r:		Primary Office	Fax Nu	mber:				
Mours To	PCP: 🗆 Ye	s 🗖 No		Capacity:							
Hours To To To To To To To Closed C		Monday	Tuesday	Wednesday	Thursday	Fri	day	Sa	turday	Su	nday
Image:	Office	-	-	-	-		•		•		-
Open 24 Hrs <t< td=""><td>Hours</td><td>То</td><td>То</td><td>То</td><td>То</td><td>-</td><td>То</td><td></td><td>То</td><td></td><td>То</td></t<>	Hours	То	То	То	То	-	То		То		То
Open 24 Hrs <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
Does the location offer teleahealth services? Yes No Does the location nave access to Language Line Services? Yes No Does the location offer ron-English languages, either spoken by the provider, office Yes No Does the location offer ron-English languages, either spoken by the provider, office Yes No personnel or offered onsite by skilled medical interpreters? If above question is yes, please list which non-English languages are provided at this location: ADA Information Does your office meet ADA Parking Recommendations, including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible available in your parking (b1. -An access alse next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -Adequate, and easy to		Closed	Closed	Closed	Closed	🗆 Clo	sed		Closed		osed
Does the location have access to Language Line Services? Yes No Does the location offer non-English languages, either spoken by the provider, office Yes No Does the location offer non-English languages, either spoken by the provider, office Yes No Does the location offer non-English languages, either spoken by the provider, office Yes No provided at this location: ADA Information Does your office meet ADA Parking Recommendations, Including ALL of the following: - -Adequate, marked accessible available in your parking lot. - - - -An access alse next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: - -An access alse next to each marked space. - - - No -Does your office meet Restroom Recommendations, Including ALL of the following: - - - -An access alse next to eaks 136" wide, and easy to open. - Yes No -The top of the toilet seat 17-19" from the floor. - - - - - No -The soap and towel dispenser 38" or less from the floor. - - - - - No -Does your office meet Exam Room Reco		Open 24 Hrs	🗆 Open 24 Hr	s 🗆 Open 24	Open 24 Hrs	🗆 Ope	en 24		pen 24 Hrs	6 🗆 Op	oen 24 Hrs
Does the location have access to Language Line Services? Yes No Does the location offer non-English languages, either spoken by the provider, office Yes No Does the location offer non-English languages, either spoken by the provider, office Yes No personnel or offered onsite by skilled medical interpreters? If above question is yes, please list which non-English languages are provided at this location: No Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible available in your parking lot. -Ade access asist enxt to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -An access asist enxt to each marked space. Oes your office meet Restroom scale tast 36' wide, and easy to open. -The top of the toilet seat 17-19' from the floor. -Grab bars behind and to the wall side of the toilet. -The top of the toilet seat 17-19' from the floor. -Grab bars behind and to the wall side of the toilet. -The soap and towel dispenser 38'' or least from the floor. -Grab bars behind and to the wall side of the toilet. -At access to a height adjustable wan modations, Including ALL of the following: -Adequate, modate and asy to open. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Exam Room Recommendations, Including ALL of the following: <td>Does the loca</td> <td>tion offer teleah</td> <td>ealth services</td> <td>5?</td> <td></td> <td></td> <td></td> <td>1</td> <td>Yes</td> <td></td> <td>)</td>	Does the loca	tion offer teleah	ealth services	5?				1	Yes)
Does the location offer translation services for written materials? Yes No Does the location offer non-English languages, either spoken by the provider, office Yes No personnel or offered onsite by skilled medical interpreters? If above question is yes, please list which non-English languages are provided at this location: No Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. Yes No -At least 1 space that is van accessible available in your parking lot. -At access aisle next to each marked space. Yes No Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. Yes No -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". Yes No -The totiet doer or stall have a minimum clear opening of 32". - - Yes No -At least to each mork accessible route (no less than 36" wide) with an entry door at 32" - - Yes No -The totiet eestar 07-19" from the floor. - - - Yes No -Th	Does the loca	tion have access	to Language	Line Services?)
Does the location offer non-English languages, either spoken by the provider, office Yes No personnel or offered onsite by skilled medical interpreters? If above question is yes, please list which non-English languages are provided at this location: ADA Information Does your office meet ADA Parking Recommendations, Including ALL of the following:					ials?)
personnel or offered onsite by skilled medical interpreters? If above question is yes, please list which non-English languages are provided at this location: ADA Information Does your office meet ADA Parking Recommendations, including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible available in your parking lot. -An access aisle next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -The totiet door or stall have a minimum clear opening of 32". -At least one exam noom available via an accessible route (no less than 36" wide)						office					
If above question is yes, please list which non-English languages are provided at this location: ADA Information Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -At least 1 space that is van accessible available in your parking lot. -An access aisle next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The tory of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -The tory of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -The stop of the toilet seat 17-19" from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least to each more available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Equipment Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and silp resistant and at least 36" wide. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Recommendatio					-,,-,						
provided at this location: ADA Information Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -Adequate, marked accessible available in your parking lot. -An accessible accessible available in your parking lot. -An access aisle next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36" wide, and easy to open. -The toilet door or stall have a minimum clear opening of 32". -The toilet door or stall have a minimum clear opening of 32". -The toilet door or stall have a minimum clear opening of 32". -The toilet door or stall have a minimum clear opening of 32". -At least one open space (at least 42") to the side of the toilet. -At least one available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Reut Recommendations, Including ALL of the following: -Access to a wheelchair scale. _Yes No -Access to a wheelchair scale. _Yes No Does your office meet					ges are						
ADA Information Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. -At least 1 space that is van accessible available in your parking lot. -An access aisle next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36" wide, and easy to open. -The tool of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -The sogn and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Equipment Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip res											
Does your office meet ADA Parking Recommendations, Including ALL of the following: -Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. Image: State Stat				ADA Inform	nation	1					
-Adequate, marked accessible (handicap) parking (1 in 25 or 10% of total spaces) that serve people with mobility disabilities. □ Yes □ No -At least 1 space that is van accessible available in your parking lot. -An access aisle next to each marked space. □ Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36° wide, and easy to open. 'Yes No -The toilet door or stall have a minimum clear opening of 32″. -The top of the toilet seat 17-19° from the floor. Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42″) to the side of the toilet. -At least one exam room available via an accessible route (no less than 36″ wide) with an entry door at 32″ clear opening with a minimum of 30° by 48″ clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. 'Yes No -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36″ wide. -Yees No -Access to a wheelchair scale. -Access to a cheight adjustable exam table. Does your office m	Does your offi	ce meet ADA Par	king Recomme			ng.					
mobility disabilities. Yes No -At least 1 space that is van accessible available in your parking lot. -An access alse next to each marked space. No Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. Yes No -The entry doors to the restrooms are at least 36" wide, and easy to open. Yes No -The top of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. - -The top of the toilet seat 12-19" from the floor. -Grab bars behind and to the wall side of the toilet. - -The top of the come space (at least 42") to the side of the toilet. - - - -At least one open space (at least 42") to the side of the toilet. - - - -At least one open space (at least 42") to the side of the toilet. - - - - -Does your office meet Exam Room Recommendations, Including ALL of the following: - - - - - No wheelchair. - - - - - Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: - </td <td></td> <td colspan="9"></td>											
-An access aisle next to each marked space. Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooterThe entry doors to the restrooms are at least 36" wide, and easy to openThe toilet door or stall have a minimum clear opening of 32"The top of the toilet seat 17-19" from the floorGrab bars behind and to the wall side of the toiletAt least one open space (at least 42") to the side of the toiletThe soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a Wes No wheelchairStaff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scaleAccess to a wheelchair scale. Does your office meet Route Recommendations, Including ALL of the following: -Access to a wheelchair scaleAccess to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Route Recommendations, Including ALL of the following: -The route o	-			51	· · · · · · · · · · · · · · · · · · ·		II			🗆 Yes	🗆 No
Does your office meet Restroom Recommendations, Including ALL of the following: -Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36" wide, and easy to open. -The toilet door or stall have a minimum clear opening of 32". -The toje of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42") to the side of the toilet. -The tooy office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Ruipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide.	-At least 1 spa	ice that is van acc	essible availabl	e in your parking lot	t.						
-Restroom large enough to accommodate a patient who uses an adult wheelchair or scooter. -The entry doors to the restrooms are at least 36" wide, and easy to open. Yes -The toilet door or stall have a minimum clear opening of 32". -The toilet door or stall have a minimum clear opening of 32". -Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42") to the side of the toilet. -The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Re	-An access ais	le next to each ma	arked space.								
-The entry doors to the restrooms are at least 36" wide, and easy to open. □ Yes □ No -The toilet door or stall have a minimum clear opening of 32". -The top of the toilet seat 17-19" from the floor. -Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42") to the side of the toilet. -The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. _Yes No -Access to a height adjustable exam table. _Yes No Does your office meet Interior Recommendations, Including ALL of the following: _Yes No -Access to a height adjustable exam table. _Yes No Does your office meet Interior Recommendations, Including ALL of the following: _Yes No -Access to a height adjustable exam table. _Yes _No Does your office meet Interior Recommendations, Including ALL of the following: _Yes _No <td>Does your offi</td> <td>ce meet Restroor</td> <td>n Recommend</td> <td>ations, Including AL</td> <td>L of the following:</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Does your offi	ce meet Restroor	n Recommend	ations, Including AL	L of the following:	1					
- The toilet door or stall have a minimum clear opening of 32" The top of the toilet seat 17-19" from the floor Grab bars behind and to the wall side of the toilet At least one open space (at least 42") to the side of the toilet The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: - At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a Yes No wheelchair Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: - Access to a wheelchair scale Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: - The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: - If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance An entry door at least 34" wide with a push pad or easy assist system Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions Elevators located on an accessible nublic transportation route? - Bus Yes No - Staff members and accessible nublic transportation route? - Bus Yes No - Staff members and constant cabs at the appropriate dimensions Staff members and constant cabs at the appropriate dimensions Staff members and constant cabs at the appropriate dimensions Staff members and constant cabs with the appropriate dimensions Staff members and constant	-Restroom lar	ge enough to acco	ommodate a pa	atient who uses an a	dult wheelchair o	r scoote	r.				
- The top of the toilet seat 17-19" from the floorGrab bars behind and to the wall side of the toiletAt least one open space (at least 42") to the side of the toiletThe soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a Yes No wheelchairStaff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entranceAn entry door at least 34" wide with a push pad or easy assist systemElevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.				•	to open.					🗌 Yes	🗆 No
-Grab bars behind and to the wall side of the toilet. -At least one open space (at least 42") to the side of the toilet. -The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's l											
-At least one open space (at least 42") to the side of the toilet. -The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a PYes No wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Interior Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.	-										
-The soap and towel dispensers 48" or less from the floor. Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a PYes No wheelchairStaff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scaleAccess to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entranceAn entry door at least 34" wide with a push pad or easy assist systemElevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.											
Does your office meet Exam Room Recommendations, Including ALL of the following: -At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a velocity of the examination table for transfer from a velocity of transfer from a velocity of the examination table. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route? Bus Yes No											
-At least one exam room available via an accessible route (no less than 36" wide) with an entry door at 32" Clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table for transfer from a vession of the second next to an examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -If there are share to higher than 54" from the floor, with audible signals for the up and down direction or verbal e					ALL of the followin						
clear opening with a minimum of 30" by 48" clear approach next to an examination table for transfer from a Yes No wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. Yes No -Access to a wheelchair scale. _Yes No				-		-	trv door	at 32″			
wheelchair. -Staff members trained to assist with transfers on/off of examination table. Does your office meet Equipment Recommendations, Including ALL of the following: -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route?							-			Yes	🗆 No
Does your office meet Equipment Recommendations, Including ALL of the following: Yes -Access to a wheelchair scale. Yes -Access to a height adjustable exam table. Yes Does your office meet Route Recommendations, Including ALL of the following: Yes -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Yes Does your office meet Interior Recommendations, Including ALL of the following: Yes -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route? Bus Yes No											
 -Access to a wheelchair scale. -Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route? 	-Staff membe	rs trained to assis	t with transfers	s on/off of examinat	ion table.						
-Access to a height adjustable exam table. Does your office meet Route Recommendations, Including ALL of the following: -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entranceAn entry door at least 34" wide with a push pad or easy assist systemElevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Bus Yes No	Does your offi	ce meet Equipme	ent Recommen	dations, Including A	LL of the following	g:					
Does your office meet Route Recommendations, Including ALL of the following: Yes -The route of travel to the building stable, firm and slip resistant and at least 36" wide. Yes Does your office meet Interior Recommendations, Including ALL of the following: Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route? Bus Yes No	-Access to a w	heelchair scale.								Yes	No
-The route of travel to the building stable, firm and slip resistant and at least 36" wide. If the resistant and at least 36" wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. Yes -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible nublic transportation route?	-Access to a height adjustable exam table.										
-The route of travel to the building stable, firm and slip resistant and at least 36° wide. Does your office meet Interior Recommendations, Including ALL of the following: -If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions.											
-If there are stairs at the main entrance, is there a ramp or lift or is there an alternative accessible entrance. -An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route?		-The route of travel to the building stable, firm and slip resistant and at least 36" wide.									
-An entry door at least 34" wide with a push pad or easy assist system. -Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Is the provider's location on an accessible public transportation route?				-	-						
-Elevators located on an accessible route with care control buttons designated with both raised characters and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Bus Yes No Is the provider's location on an accessible public transportation route? Bus Item in the second seco						tive acce	ssible en	itrance			
and Braille symbols that are no higher than 54" from the floor, with audible signals for the up and down direction or verbal enunciators and doors and cabs with the appropriate dimensions. Bus Yes No						hoth rai	sed char	actore		res	No
direction or verbal enunciators and doors and cabs with the appropriate dimensions. Bus Yes No					-						
Is the provider's location on an accessible public transportation route?											
Is the provider's location on an accessible public transportation route?							Ruc			Yes	No
	Is the provide	r's location on an	accessible pub	lic transportation ro	ute? ge 6 of 9		Train	1		Yes	No

Section C - Provider Specialty Profile

Treatment Expertise/Specialties

Please select the types of services you offer, including the disorders you treat and the modalities you practice. (Check those that apply)

NOTE: Please submit evidence of certificates or transcripts that account for the associated trainings in the treatment modalities and/or disorders selected below.

Certification						
Art Therapy		Positive Behavior Support				
Center of Excellence		SBIRT				
Emergency Services Provider		Targeted Case Management (TCM) Certificate				
Lead Behavior Analysis Therapist		Trauma Informed Care				
Settings/	Po	pulations Treated				
Adolescents		Homelessness				
Adults		Men				
Blind/Visually Impaired		Mobile Crisis				
Children		Nursing Home				
Community Based		Physical Disability				
Deaf/Hearing Impaired		Serious Emotional Disturbance				
Developmental Disability		Serious Mental Illness				
Emotionally Disturbed		Severe Persistent Mentally III				
Gay/Lesbian		School Based				
Geriatric		Telemedicine				
Hospital Based		Women				
Home Based		Young Children				
Treatment N	10	dalities/ Approaches				
Applied Behavioral Analysis (ABA)		Group Therapy				
Addictive Disorders		Geriatric Psychiatry				
Adolescent Psychotherapy		Gestalt				
Adolescent Sex Offender		Hypnosis				
Adolescent Psychiatry		Intensive Family Intervention				
Adoption Issues		Individual Therapy				
Alcohol/SA Treatment		Intensive Outpatient				
Anger Management		Intake Assessment				
Art Therapy		Medication Management				
Attachment Therapy		Methadone/Suboxone				
Behavioral Therapy		Mood Disorders				
Brief Therapy		Neuropsychological Testing				
Biofeedback		Neuro-Linguistic Programming (NLP)				
Chemical Dependency Assessment		Outcomes Oriented Therapy				
Child Parent Psychotherapy (CCP)		Parent Child Interaction Therapy (PCIT)				
Child Psychological Testing		Play Therapy				
Child Psychiatry		Psychological Testing				
Christian Counseling		Psychoanalytic Therapy				
Client Centered Therapy		Psychodynamic Therapy				
Cognitive Rehab Therapy		Psychopharmacology				

(Rev. 09/2020)

	Cognitive Therapy	Pain Management
H	Community Support Program	 Rationale Emotive Therapy
	Community Support Program for the	Relapse Prevention
	Couples Therapy	Relationship Disorders
	Crisis Intervention/Stabilization	Sensory Processing/Integration
	Critical Incident Debriefing	Sexual Compulsions/Addictions
	Dialectical Behavioral Therapy	Sex Therapy
	Developmental Evaluation	Solution Empowerment Therapy
	Domestic Violence	Stress Management
	ECT	Tobacco
	EMDR	Tobacco Cessation
	Evaluation/Assessment	Trauma Focused Cognitive Behavioral Therapy
	Family Therapy	Trauma Informed Care (TIC)
	Family Systems	Trust Based Relational Intervention (TBRI)
	Gay/Lesbian/Bisexual	Weight Management
	-	ders/lss
	Addictive Medicine	Impulse disorders
	Addictive Medicine ADD/ADHD	
	Addictive Disorders	Infertility Inpatient Attending
		Inpatient Consult MD
	Adjustment Disorder Adolescent Behavior Disorders	
		Learning Disability Medical Evaluation
	Adoption Issues	
	Adult ADD	Medical Illness/Chronic Illness
	AIDS/HIV	Men Issues
	Anger Management	Mood Disorders
	Anxiety/Panic Disorder	Marital Issues
	Attachment Disorder	Mental Retardation
	Autism/Asperger's	Obsessive Compulsive Disorder
	Bipolar Disorders	Oppositional Defiant Disorder
	Chemical Dependency	Organic Mental Disorder
	Christian/Spiritual	Parenting Issues
	Chronic Pain/Pain Management	Personality Disorders
H	Crisis Stabilization	Post-Partum Disorder
	Cultural Issues	PTSD Bonia Disorder
	Child/Parent Bonding	Panic Disorder Phobias
	Co-occurring Disorders	
	Cognitive Disorder Concussion	Physical Abuse Reactive Attachment Disorder
	Criminal Offenders	Relapse Prevention
	Dementia Disorders	Sexual/Physical Abuse (Adults)
	Development Disorders	Sexual/Physical Abuse (Children)
	Disruptive Behavior Dissociative Disorder	Schizophrenia Serious/Persistent Mental Illness
		Serious/Persistent Mental liness Sexual Disorders
	Separation/Divorce Domestic Violence	
		Sexual Dysfunction Sexual Abuse/Incest
	Dual Diagnosis	
	Depression	Sleep Disorder
	Disabled	Step/Blended Families

(Rev. 09/2020)

Eating Disorders	Stress Management
Equine Assisted Therapies	Self-Injury
Family Dysfunction	Sexual Offender
Feeding Disorders	Substance Abuse
Gay/Lesbian/Bisexual	Suicide
Gender Identity Issues	Tobacco Cessation
Grief/Loss/Bereavement	Women Issues
Head Trauma	Work Related Problems
Home Visits	