KFMC Health Improvement Partners (KFMC)

Heath Care Practitioner Other Than Physician

HCPOTP Application

KFMC use only:
Date received: _____
Format HC/E copy

Choose one:

☐ New application – date submitted: _____

☐ Re-verification – date submitted: _____

Please print name & credentials:

_____

Last First Middle Credentials (MD, DO, etc.)

Date of Birth: _____ Last 4 digits of SSN#: _____

Alternate Name(s): _____

_____

Mailing Address: _____

If you are part of a group practice, please list the **Name of the group and note the City and State:**

_____

Provide phone #, fax #, and your email: Mark the box, indicating the best way to contact you.

☐ Home Phone: _____ ☐ Work Phone/Extension: _____

☐ Cell Phone: _____ Fax # and contact: _____

☐ Email: _____

License(s) & Advance Credentials: License type: _____

Related license #: _____ State for original license: _____

Name on original license: _____

Special Area of Focus or Current Advanced Credentials & Credentialing Body: _____

_____

Affiliated Hospitals (Include City and State): _____

_____

Additional Required Information

Length of time providing direct patient care and dates: (CQP 2-1(a.v)), (CQP 1-3(a.iv))

Document the dates reflecting when you have provided direct patient care on a full-time basis (37.5 or more hours a week). The years do not have to be consecutive; however, if not consecutive, you must document the Month/year to Month/year of each occurrence of full time direct patient care.

Month/year: _____ to month/year (or to present): _____

Month/year: _____ to month/year (or to present): _____

Month/year: _____ to month/year (or to present): _____

Month/year: _____ to month/year (or to present): _____

Month/year: _____ to month/year (or to present): _____

Applicant Signature: _____ Date of Application: _____

Have you provided direct clinical care to patients within the past three (3) calendar years. **(CQP-Ext 1-1(a))**

Yes ☐ No ☐

Check the box beside any document you are enclosing and return with your application.

Required return documents:

- ☐ Application
- ☐ Curriculum Vitae
- ☐ KFMC BAA Peer Reviewer Agreement
- ☐ KFMC Personal Conflict of Interest Form
- ☐ Peer Reviewer Agreement
- ☐ W-9
- ☐ SFTP Form
- ☐ Direct Deposit Form (optional)