



Health Network/ Physician Group Non-Physician Medical Practitioner (NMP) Registration Form



Return completed form to:
CalOptima Provider Enrollment Unit
P.O. Box 11033
Orange, CA 92856
Ph: 714-246-8468 Fax: 714-246-8448

IMPORTANT REGISTRATION POLICIES

- You and your agents must meet CalOptima's Eligibility Status requirements. This means that you and your agents must be eligible to participate in Federal and/or State healthcare programs, including the Medi-Cal Program (not currently suspended, excluded or otherwise ineligible and not excluded at any time based on a mandatory exclusion in 42 U.S.C. 1396a-7(a) and not convicted of a criminal offense related to healthcare in the prior seven (7) years). Persons or entities that do not meet the Eligibility Status requirements are not eligible to receive reimbursement from CalOptima. As referred to in this registration form, "your agents" means all of your employees and agents furnishing items or services to CalOptima and its members.
- You and your agents must comply with CalOptima's Compliance Program, and all CalOptima Policies and Procedures applicable to items and/or services you furnish to CalOptima and its members.
- You must have an active Medi-Cal Provider ID number issued by the California Department of Health Services (DHS) per provider site. Contact the DHS Provider Enrollment Unit at 916-323-1945 for information on obtaining a Medi-Cal Provider ID or updating the information on file with them.
- Submit a W-9 Form for the tax identification number
- If registered as an "administering provider", the provider must be affiliated with the medical group through DHS with a valid Medi-Cal Group ID and the medical group must be registered with CalOptima.
- Submit copy of DHS acceptance letter confirming NMP participation with group.
- You must include a valid National Provider Identifier (NPI) number as part of this application.

ACTION REQUESTED	Add <input type="checkbox"/>	Additional Location <input type="checkbox"/>
Provider Information		
NON-PHYSICIAN MEDICAL PRACTITIONER NAME	Last <input style="width: 100%;" type="text"/>	First <input style="width: 100%;" type="text"/>
	MI <input style="width: 100%;" type="text"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
PROVIDER UTILIZED LANGUAGES Appendix D for Language Acronyms	1 <input style="width: 100%;" type="text"/>	2 <input style="width: 100%;" type="text"/>
	3 <input style="width: 100%;" type="text"/>	4 <input style="width: 100%;" type="text"/>
TITLE (CNM, CRNA, CPNP, CFNP, NP, PA) Certified NMPs must submit copy of board certification	Date of Birth (MM/DD/YY) <input style="width: 100%;" type="text"/>	Social Security No. <input style="width: 100%;" type="text"/>
	NPI (National Provider Identifier) # <input style="width: 100%;" type="text"/>	
NA, NM or NP License No. Issued by California Board	PA or RN State License #	
	Issue Date <input style="width: 100%;" type="text"/>	Exp. Date <input style="width: 100%;" type="text"/>
Non-Physician Medical Practitioner's Medicare Provider No.: For Non-Physician Medical Practitioners. Indicate the Medicare Provider number assigned by DHS to the individual provider for address. Note: each service location must have its own Medicare Provider No.		Non-Physician Medical Practitioner's Medi-Cal Provider No.: For Non-Physician Medical Practitioners. Indicate the Medi-Cal Provider number assigned by DHS to the individual provider for address. Note: each service location must have its own Medi-Cal Provider No.
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NON-PHYSICIAN MEDICAL PRACTITIONER SPECIALTY	Practitioner Type (See Appendix A and enter CODE)	Practitioner Specialty (See Appendix B and enter CODE)
SUPERVISING PHYSICIAN (supervising physician must be registered with CalOptima as an active provider)	Name <input style="width: 100%;" type="text"/>	State License No. <input style="width: 100%;" type="text"/>
		Issue Date <input style="width: 100%;" type="text"/>
		Exp. Date <input style="width: 100%;" type="text"/>
Supervising Physician Medicare Provider No. For Non-Physician Medical Practitioners. Indicate the Medicare provider number for the supervising physician	Supervising Physician Medi-Cal Provider No. For Non-Physician Medical Practitioners. Indicate the Medi-Cal provider number for the supervising physician	Supervising Physician NPI No. (National Provider ID #) required
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
GROUP NAME	Group NPI (National Provider Identifier) NPI #	
	<input style="width: 100%;" type="text"/>	
Group Medi-Cal/Medicare Provider No. For Non-Physician Medical Practitioners Indicate the Group Medicare number for if you are affiliated to a Medical Group at this location. Note: A new form must be completed for each group affiliation and/or location.		
<input style="width: 100%;" type="text"/>		
UPIN Status	<input type="checkbox"/> Exempt	<input type="checkbox"/> Existing
	<input type="checkbox"/> Pending	UPIN # <input style="width: 100%;" type="text"/>
Do you accept assignment with Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SERVICE ADDRESS (Actual practice location; PO Box unacceptable)	Street <input style="width: 100%;" type="text"/>	Suite <input style="width: 100%;" type="text"/>
OFFICE HOURS (Days/Hours)	City <input style="width: 100%;" type="text"/>	State/Zip <input style="width: 100%;" type="text"/>
Contact Person Name	Phone No. <input style="width: 100%;" type="text"/>	
Fax No. <input style="width: 100%;" type="text"/>	E-mail Address <input style="width: 100%;" type="text"/>	



Physician Group Non-Physician Medical Practitioner (NMP) Registration Form



MAIL TO ADDRESS	Street	Suite	City	State	Zip Code
	Phone No(s).		Fax No.		
PAY TO ADDRESS	Street	Suite	City	State	Zip Code
	Phone No(s).		Fax No.		
BILLING COMPANY INFORMATION (If Applicable)	Billing Company Name				
	Street	Suite	City	State	Zip Code
	Phone No(s).		Fax No.		
<input type="checkbox"/> Individual TIN:			<input type="checkbox"/> Group TIN:		
Name Registered with Tax ID Number (Enter name associated with the TIN as registered with the IRS AND ATTACH W-9)					
Pay-To Name (If different from Tax ID Registered Name)					
<i>Malpractice Insurance Information</i>					
Policy No.			Carrier		
Expiration Date (MM/DD/YY)	Amount		<input type="checkbox"/> Aggregate	<input type="checkbox"/> Per Occurrence	
<p>I certify that the above information is true, accurate and complete to the best of my knowledge and that I am authorized and have the authority to execute this registration form on behalf of the applicant. I understand that incorrect or inaccurate information may affect the applicant's eligibility to receive CalOptima reimbursement and that the applicant must report changes in the above information to the CalOptima Provider Enrollment Unit. I hereby further declare that the applicant listed above and its agents meet CalOptima's participation requirements, and are not excluded from participation in any federal health care program in accordance with 42 U.S.C. § 1320a-7.</p> <p>I hereby further certify that the applicant listed above and its agents will comply with all applicable laws including, without limitation, Medicare laws and regulations, and CalOptima's Compliance Program. I acknowledge and agree that CalOptima may recoup reimbursement paid to any ineligible provider.</p> <p>In accordance with Medicare guidelines, reimbursement for services rendered by an NMP can be made only to the employing physician, organized outpatient clinic or hospital outpatient department (for exceptions, refer to Medicare guidelines), and that no separate reimbursement is made for physician supervision of an NMP.</p> <p>I further stipulate that the primary care physician is responsible for the overall coordination of the member's health care, and that I must notify CalOptima immediately upon severing my relationship with the supervising physician.</p>					
Print Non-Physician Medical Practitioner's Name Here		Non-Physician Medical Practitioner's Signature		Date (MM/DD/YY)	
Print Group/Health Plan Representative's Name Here (If applicable)					
Print Supervising Physician's Name Here		Supervising Physician's Signature		Date (MM/DD/YY)	
<i>PROVIDER DIRECTORY LISTING AUTHORIZATION</i>					
<p>Supervising physician must be registered with CalOptima as an active PCP affiliated to this physician group. Signature authorizes CalOptima to list this NMP in the OneCare Provider Directory with supervising physician's ID, name and practice address. This authorization may be revoked at any time, for any reason, by the supervising physician. A written request must be submitted to the CalOptima Provider Enrollment Unit by the authorizing supervising physician or official representative to remove this listing.</p>					
Supervising Physician's Authorization				Date (MM/DD/YY)	
<input type="checkbox"/> YES, I authorize this listing.			<input type="checkbox"/> NO, I do not authorize this listing.		

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APPENDIX A

Provider Type Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
DN	Dentist	37	Speech Therapist
01	Adult Day Care Center	38	Air Ambulance Transportation Service
02	Assistive Device & Sick Room Supplies	39	Certified Hospice Service per AB 4249
03	Audiologist	40	Free Clinic
04	Blood Bank	41	Community Clinic
05	Certified Nurse Midwife	42	Chronic Dialysis Clinic
06	Chiropractor	43	Multi-specialty Clinic
07	Certified Pediatric Nurse Practitioner (NP) & Certified Family NP	44	Surgical Clinic
08	Christian Science Practitioner	45	Exempt from Licensure Clinic
09	Clinical Laboratory	46	Rehabilitation Clinic
10	Group Certified Pediatric NP & Certified Family NP	48	County Clinic not Associated with Hospital
11	Fabricating Optical Laboratory	49	Birthing Center – Primary Care Clinic
12	Dispensing Optician	50	Clinic – otherwise undesignated
13	Hearing Aid Dispenser	51	Outpatient Heroin Detoxification Center
14	Home Health Agency (HHA)	52	Alternative Birth Center – Specialty Clinic
15	Community Hospital Outpatient Department	53	Breast Cancer Early Detection Program
16	Community Hospital Inpatient	54	Expanded Access to Primary Care
17	Certified Long-Term Care Facility (LTC)	55	Local Education Agency
18	Nurse Anesthetist	56	Respiratory Care Practitioner
19	Occupational Therapist	57	EPSDT Supplement Services Provider
20	Optometrist	58	Health Access Program
21	Orthotist	59	Congregate Living Health Facility with Type A Licensure
22	Physicians Group	60	County Hospital Inpatient
23	Optometric Group	61	County Hospital Outpatient
24	Pharmacy/Pharmacist	62	Group Respiratory Care Practitioner
25	Physical Therapist	65	Pediatric Sub-acute Care/LTC
26	Physician	72	Mental Health Inpatient
27	Podiatrist	73	AIDS Waiver Provider
28	Portable X-ray Laboratory	80	California Children's Services (CCS)/Genetically Handicapped Person Program (GHPP) - Non- Institutional
29	Prosthetist	81	CCS/GHPP – Institutional
30	Ground Medical Transportation	90	Out of State
31	Psychologist	98	Miscellaneous Dental
32	Certified Acupuncturist	99	Miscellaneous Medical
33	Genetic Disease Testing	99LC	Licensed Social Worker
34	Medicare Crossover Provider Only (before 11/98 34 was Rural Health Clinics)	99MF	Marriage & Family Counselor
35	Rural Health Clinic & Federally Qualified Health Center (FQHC)	99PP	Physician Assistant
36	Home & Community-Based Certified HHA		



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APPENDIX B

Provider Name _____

Please check the appropriate Specialties (up to 4). #1 = Primary, #2 = Secondary, etc.

1	2	3	4		1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Allergy & Immunology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addiction Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Cardiology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Clinical Genetics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aerospace Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Critical Care Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergy & Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Dermatology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anatomic Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Developmental-Behavioral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anatomic Pathology & Clinical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Emergency Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anesthesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Endocrinology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Gastroenterology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Banking/Transfusion Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Hematology/Oncology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Infectious Disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Medical Toxicology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child & Adolescent Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Nephrology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Neurodevelopmental Disabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical & Laboratory Dermatological Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Orthopaedic Surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical & Laboratory Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Otolaryngology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Biochemical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Pathology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Cardiac Electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Pulmonology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Cytogenetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Radiology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Genetics (MD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Rehabilitation Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Molecular Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Rheumatology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Neurophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Sleep Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Sports Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse Anesthetist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colon & Rectal Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse Midwife
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse Practitioner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cytopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuclear Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuclear Radiology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstetrics & Gynecology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermatopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnostic Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmology

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endocrinology, Diabetes & Metabolism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Optometry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oral Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forensic Pathology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric Transplant Hepatology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Forensic Psychiatry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric Urology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gastroenterology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatrics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General Practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perinatology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ph.D. Medical Genetics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatric Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical Medicine & Rehabilitation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatric Psychiatry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gynecologic Oncology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physician Assistant |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hematology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plastic Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hematology/Oncology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plastic Surgery Within the Head and Neck |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infectious Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Podiatry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Internal Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interventional Cardiology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychosomatic Medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Licensed Clinical Social Worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Public Health & General Preventive Medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage/Family Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pulmonary Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal & Fetal Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiation Oncology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Microbiology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radiologic Physics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Oncology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reproductive Endocrinology/Infertility |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Toxicology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Molecular Genetic Pathology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neonatal-Perinatal Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nephrology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speech Pathology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurodevelopmental Disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speech Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurological Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spinal Cord Injury Medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sports Medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neuromuscular Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surgery of the Hand |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neuropathology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surgical Critical Care |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neuroradiology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thoracic Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurotology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transplant Hepatology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Orthopaedic Sports Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Undersea and Hyperbaric Medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Orthopaedic Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Otolaryngology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vascular & Interventional Radiology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pain Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vascular Neurology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vascular Surgery |



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**APPENDIX D
FOREIGN LANGUAGE CODES**

AF	Afrikaans	KI	Kishwahili
AL	Albanian	KN	Konkane
AM	Armenian	KO	Korean
AR	Arabic	LO	Lao
AS	Assyrian	LI	Lithuanian
BE	Bengali	LT	Latvian
BI	Bikol	MA	Macedonian
BL	Bulgarian	MI	Mein
BU	Burmese	ML	Maltese
BY	Byelorussian	MN	Mandarin
CA	Cantonese	MY	Malay
CH	Chinese	NI	Nigerian
CM	Cambodian	NO	Norwegian
CR	Croatian	PA	Pakistani
CZ	Czech	PG	Portuguese
DA	Danish	PO	Polish
DU	Dutch	PU	Punjabi
EG	Egyptian	RO	Romanian
ES	Estonian	RU	Russian
EW	Ewe	SA	Swahili
FA	Farsi	SI	Sindi
FN	Finnish	SL	Slovak
FR	French	SN	Sign Language
GA	Gaelic	SO	South Indian
GE	German	SP	Spanish
GR	Greek	SW	Swedish
GU	Gujarati	TA	Tamali
HE	Hebrew	TE	Teluga
HI	Hindi	TG	Tagalog
HM	Hmong	TH	Thai
HS	Hindustani	TI	Taiwanese
HU	Hungarian	TM	Tamil
IB	Ibo	TU	Turkish
IC	Iceland	TW	Twi
ID	Indonesian	UK	Ukrainian
IL	Ilocana	UR	Urdu
IN	Indian	VZ	Uzbek
IS	Isujarati	VI	Vietnamese
IT	Italian	YU	Yugoslavian
JP	Japanese	ZA	Zairean
KA	Kannada		