1. **What is the Uniform Credentialing Application?**

The Uniform Credentialing Application was developed by the Oklahoma State Department of Health based on rules promulgated by the Oklahoma State Board of Health. The application form and the rules are required by Title 63 of the Oklahoma Statutes, Section 1-106.2, which reads as follows:

   A. By January 1, 1999, the State Board of Health shall promulgate rules necessary to develop a uniform application which shall be used in the credentialing process of health care providers. The State Department of Health shall develop such application form for:

   1. Initial privileges or membership in a hospital, managed care organization, or other entity requiring credentials verification; and
   2. Recredentialing or reappointment in a hospital, managed care organization, or other entity requiring credentials verification.

   B. Any entity requiring credentials verification may require supplemental information. [63 O.S. Section 1-106.2]

2. **Does this form apply only to physicians?**

No. This form is designed for use by all health care providers who request privileges or membership in an entity that requires credentials verification. The application is intended be used by health care providers to request privileges or membership in a hospital, managed care organization, or other entity requiring credentials verification.

3. **Where do I submit the completed form?**

This application may be submitted to hospitals, ambulatory surgery centers, managed care organizations, and other entities requiring credentials verification. PLEASE DO NOT SEND THE APPLICATION TO THE OKLAHOMA STATE DEPARTMENT OF HEALTH.

4. **Will I be asked to submit any additional information?**

Credentialing entities may require supplemental information. You may wish to contact the entity to which you plan to apply to determine whether supplemental information may be required.

5. **Does the form have to be filled out completely?**

We encourage applicants to fill out the application completely. Submitting incomplete forms to the credentialing entity may delay processing of the application. If you have questions about the applicability of certain items for an application or renewal with a credentialing
entity, you may wish to contact that entity. Filling out the application completely and updating it periodically enables the provider to submit just one form to multiple credentialing entities.

6. **What do I enter if an item is not applicable?**

   If an item is not applicable, please state “NA”.

7. **May I hand-write my responses on the form?**

   We recommend printing legibly or typing.

8. **Do I need to sign and date the application?**

   Please sign and the date the application in the appropriate section.

9. **What if I run out of space?**

   You may attach additional sheets as needed.

10. **Is a credentialing entity allowed to ask for more information than is requested on the uniform credentialing application?**

    Yes. The law authorizes credentialing entities to require supplemental information.

11. **I am applying for recredentialing or reappointment with an entity that has previously approved me for privileges or membership. My information has not changed since I filed my last application with the entity. Am I required to complete and resubmit the entire form?**

    The answer will vary depending on the entity to which you are applying. Some hospitals, managed care organizations, or other credentialing entities may require the entire form, while others may require only supplemental information. You should contact the entity to which you are applying to determine if they require resubmittal of the entire uniform credentialing application, only supplemental information, or some combination of the uniform application and supplemental information.

12. **Where can I obtain the form?**

    Adobe Acrobat and Word versions of the form are available on the Oklahoma State Department of Health website at:

    www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Uniform_Credentialing_Application/index.html

13. **What if I have other questions about the application?**

    If you have questions pertaining to the standards or requirements of the credentialing entity, you should contact that entity. If you have questions about the law, rule, or the form you may contact the Managed Care Systems within the Health Resources Development Service of the Oklahoma State Department of Health by telephone at (405) 271-6868, or via email at this address: HealthResources@health.ok.gov
Uniform Credentialing Application
63 O.S. 2011, Section 1-106.2

This form must be completed in full and typed or printed legibly (i.e. do not state “see CV”), unless the credentialing entity to which you are applying advises you otherwise. Write “N/A” in areas that do not apply to you. All time must be accounted for since entry into medical or other professional school. If additional space is needed to complete information or explanations, use Section 14.

Name of facility/organization this application will be submitted to:____________________________

____________________________________________________________________________________

Date:___________________________

SUBMIT THIS FORM TO THE HOSPITAL, MANAGED CARE ORGANIZATION, OR OTHER ENTITY REQUIRING CREDENTIALS VERIFICATION. THE COMPLETED APPLICATION MAY BE SUBMITTED TO HOSPITALS, AMBULATORY SURGERY CENTERS, MANAGED CARE ORGANIZATIONS, AND OTHER ENTITIES REQUIRING CREDENTIALS VERIFICATION.

PLEASE DO NOT SEND THE APPLICATION TO THE OKLAHOMA STATE DEPARTMENT OF HEALTH
**SECTION 1: PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Professional Degree ____________________________
Gender: ___ Male ___ Female

Other Name By Which You Have Been Known ________________________________

Dates This Name Was Used: From: ___-___-___ to ___-___-___
Other Name By Which You Have Been Known ________________________________

Dates This Name Was Used: From: ___-___-___ to ___-___-___
Social Security Number ___-___-___-___ NPID (formerly UPIN) ________________

Date of Birth: ___-___-___ Place of Birth __________________
Citizenship __________________

Visa Type __________________ Visa Number (provide copy) __________________
Expiration Date __________________

Your Personal Medicare Number __________________ Your Personal Medicaid Number __________________

**SECTION 2: DIRECTORY INFORMATION**

Mailing Address For All Credentialing Correspondence: ____________________________
Street Address __________________

Suite Number (____) City (____) State (____) Zip Code (____)
Phone Number (____) Fax Number (____) Emergency or Pager Number (____)

Answering Service Number (____) E-Mail Address __________________

Contact Person For Credentialing Correspondence: ____________________________

This Section continues on next page.
Uniform Credentialing Application

-Section 2 Continued-

Office Street Address: ____________________________ Street Address

<table>
<thead>
<tr>
<th>Suite Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Phone Number: ___________ Fax Number: ___________ Emergency or Pager Number: ___________

Answering Service Number: ___________ E-Mail Address: ___________

Office Mailing Address: ____________________________ Street Address

<table>
<thead>
<tr>
<th>Suite Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Phone Number: ___________ Fax Number: ___________ Emergency or Pager Number: ___________

Answering Service Number: ___________ E-Mail Address: ___________

Office Billing Address (If Different From Claims Payment Address): ____________________________ Street Address

<table>
<thead>
<tr>
<th>Suite Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Phone Number: ___________ Fax Number: ___________ Emergency or Pager Number: ___________

Answering Service Number: ___________ E-Mail Address: ___________

Claims Payment Address (If Different From Office Billing Address): ____________________________ Street Address

<table>
<thead>
<tr>
<th>Suite Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Phone Number: ___________ Fax Number: ___________ Emergency or Pager Number: ___________

Answering Service Number: ___________ E-Mail Address: ___________

Make Checks Payable To: ____________________________
### SECTION 3: CURRENT PROFESSIONAL PRACTICE

<table>
<thead>
<tr>
<th>Primary Specialty (or field of practice)</th>
<th>Subspecialty</th>
<th>% Of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Specialty</td>
<td>Subspecialty</td>
<td>% Of Time</td>
</tr>
</tbody>
</table>

Do you wish to be listed as:
- [ ] Primary Care Provider
- [ ] Specialist
- [ ] Hospitalist
- [ ] On-Call
- [ ] Other (specify)

If you are a primary care physician, list special diagnostic or treatment procedures performed in your office(s):

___ Yes     ___ No

Are you accepting new patients?

___ Yes     ___ No

Are you willing, in the future to accept new patients?

___ Yes     ___ No

Do you admit your own patients to hospitals?

___ Yes     ___ No

If no, please explain how your patients will be admitted, which hospital and who will provide patient care.

___ Yes     ___ No

Are you willing to accept current patients if they convert to the healthcare plan to which you are applying?

___ Yes     ___ No

Are you a member of an Independent Practice Association or a Physician Hospital Association? If yes, complete the following:

Name:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Suite Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>(___)</td>
<td>(___)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Answering Service Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(___)</td>
<td>(___)</td>
<td>(___)</td>
</tr>
</tbody>
</table>

Name:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Suite Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>(___)</td>
<td>(___)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Answering Service Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(___)</td>
<td>(___)</td>
<td>(___)</td>
</tr>
</tbody>
</table>

List any restrictions on your practice (i.e. patient age and gender):
## SECTION 4: EDUCATION

### Medical/Dental/Graduate Professional Schools

List all, completed or not. Continue in Section 14 if needed.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number: (_____)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates Attended (mo/day/year)</th>
<th>From:</th>
<th></th>
<th>to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number: (_____)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates Attended (mo/day/year)</th>
<th>From:</th>
<th></th>
<th>to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number: (_____)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates Attended (mo/day/year)</th>
<th>From:</th>
<th></th>
<th>to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Foreign Medical Graduates:

ECFMG #______________________
**SECTION 5: TRAINING**  
**Internship/Residency/Fellowship/Preceptorship/Other**

List all, completed or not. If you require additional space, continue in Section 14, or attach a separate sheet.

(1) Type of Program:  
___ Internship ___ Residency ___ Fellowship ___ Preceptorship ___ Other (specify)  

Was program successfully completed: ___ Yes ___ No  

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Institution</th>
<th>Your Program Director</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

Address                      
City                        
State                        
Zip Code                     
Phone Number

Dates Attended (mo/day/year) From: __ __ - __ __ - __ __ to __ __ - __ __ - __ __ __ __

(2) Type of Program:  
___ Internship ___ Residency ___ Fellowship ___ Preceptorship ___ Other (specify)  

Was program successfully completed? ___ Yes ___ No  

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Institution</th>
<th>Your Program Director</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

Address                      
City                        
State                        
Zip Code                     
Phone Number

Dates Attended (mo/day/year) From: __ __ - __ __ - __ __ to __ __ - __ __ - __ __ __ __

(3) Type of Program:  
___ Internship ___ Residency ___ Fellowship ___ Preceptorship ___ Other (specify)  

Was program successfully completed? ___ Yes ___ No  

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Institution</th>
<th>Your Program Director</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

Address                      
City                        
State                        
Zip Code                     
Phone Number

Dates Attended (mo/day/year) From: __ __ - __ __ - __ __ to __ __ - __ __ - __ __ __ __

(4) Type of Program:  
___ Internship ___ Residency ___ Fellowship ___ Preceptorship ___ Other (specify)  

Was program successfully completed? ___ Yes ___ No  

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Institution</th>
<th>Your Program Director</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

Address                      
City                        
State                        
Zip Code                     
Phone Number

Dates Attended (mo/day/year) From: __ __ - __ __ - __ __ to __ __ - __ __ - __ __ __ __
### SECTION 6: ACADEMIC APPOINTMENTS

List all, past and present. If additional space is needed, copy this sheet or continue in Section 14.

<table>
<thead>
<tr>
<th>(1)</th>
<th>Institution and Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td>to: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Rank</td>
<td>Inclusive Dates (mo/day/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Institution and Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td>to: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Rank</td>
<td>Inclusive Dates (mo/day/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Institution and Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td>to: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Rank</td>
<td>Inclusive Dates (mo/day/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 7: HEALTH CARE AFFILIATIONS

List, in chronological order, all hospital/health system affiliations where you have ever been employed, practiced, associated, or privileged for the purpose of providing patient care. Do not list affiliations that were part of your training (Section 5). If additional space is required, copy this sheet or continue in Section 14.

Indicate which of these is your “current primary and secondary admitting facility” (where you currently spend the greatest portion of your time).

<table>
<thead>
<tr>
<th>(1)</th>
<th>Facility Name</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complete Mailing Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td>to: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of Appointment (mo/day/year)</td>
<td>Staff Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Discontinuance</td>
<td>Department or Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Facility Name</td>
<td>Primary</td>
<td>Secondary</td>
</tr>
<tr>
<td></td>
<td>Complete Mailing Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td>to: <em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em><em><strong>-</strong>__-</em>_<strong>-</strong>__</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of Appointment (mo/day/year)</td>
<td>Staff Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Discontinuance</td>
<td>Department or Service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This section continues on next page.
### SECTION 7 Continued

(3) 

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>(___)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td>From: ___ ___ - ___ ___ - ___ ___ - ___ ___ to ___ ___ - ___ ___ - ___ ___ - ___ ___</td>
<td>Dates of Appointment (mo/day/year)</td>
</tr>
<tr>
<td>Reason for Discontinuance</td>
<td>Department or Service</td>
</tr>
</tbody>
</table>

### SECTION 8: OTHER PROFESSIONAL WORK HISTORY

List, chronologically, all professional work history (i.e. clinics, partnerships, solo/group practices, employment). Include secondary agencies or clinics such as public health and family planning where you perform duties. Account for all time gaps of thirty (30) days or more. If additional space is needed, copy this page or continue in Section 14.

(1) 

<table>
<thead>
<tr>
<th>Name and Nature of Affiliation</th>
<th>(___)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td>From: ___ ___ - ___ ___ - ___ ___ - ___ ___ to ___ ___ - ___ ___ - ___ ___ - ___ ___</td>
<td>Dates of Affiliation (mo/day/year)</td>
</tr>
</tbody>
</table>

(2) 

<table>
<thead>
<tr>
<th>Name and Nature of Affiliation</th>
<th>(___)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td>From: ___ ___ - ___ ___ - ___ ___ - ___ ___ to ___ ___ - ___ ___ - ___ ___ - ___ ___</td>
<td>Dates of Affiliation (mo/day/year)</td>
</tr>
</tbody>
</table>

(3) 

<table>
<thead>
<tr>
<th>Name and Nature of Affiliation</th>
<th>(___)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td>From: ___ ___ - ___ ___ - ___ ___ - ___ ___ to ___ ___ - ___ ___ - ___ ___ - ___ ___</td>
<td>Dates of Affiliation (mo/day/year)</td>
</tr>
</tbody>
</table>

**US Military/Public Health Service**

List all medical and surgical locations and dates.

<table>
<thead>
<tr>
<th>Location</th>
<th>Branch of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: ___ ___ - ___ ___ - ___ ___ - ___ ___ to ___ ___ - ___ ___ - ___ ___ - ___ ___</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Branch of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: ___ ___ - ___ ___ - ___ ___ - ___ ___ to ___ ___ - ___ ___ - ___ ___ - ___ ___</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 9: PROFESSIONAL LICENSES

List all pending, current, and past professional licenses, registrations, and certifications to practice in your field. Include states where you have ever applied to practice. Examples of “type” of license are MD, DO, DDS, PA, DC, CRNA, MSW, etc.

Oklahoma

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Number</th>
<th>Original Date of Issue</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

USMLE/ECFMG Number

Certification Date

SECTION 10: CERTIFICATIONS AND REGISTRATIONS

List all other current certifications and registrations.
(DEA=Federal Drug Enforcement Administration; BNDD=the Oklahoma CDS; CDS=Controlled Dangerous Substances)

DEA

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Number</th>
<th>Original Date of Issue</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Oklahoma

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Number</th>
<th>Original Date of Issue</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BNDD

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Number</th>
<th>Original Date of Issue</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CDS

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Number</th>
<th>Original Date of Issue</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BOARD CERTIFICATION

Are you Board Certified?  ____ Yes  ____ No

Name of Board

<table>
<thead>
<tr>
<th>Date Initially Certified</th>
<th>Date Most Recently Recertified</th>
<th>Date Certification Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes  ____ No  Have you ever been examined by any specialty board but failed to pass? If yes, provide details.

This section continues on next page.
### Section 10 Continued

#### Subspecialty Certification and Added Qualifications

<table>
<thead>
<tr>
<th>Subspecialty or Added Qualification</th>
<th>Name of Board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Initially Certified</td>
<td>Date Most Recently Recertified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subspecialty or Added Qualification</th>
<th>Name of Board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Initially Certified</td>
<td>Date Most Recently Recertified</td>
</tr>
</tbody>
</table>

#### Board Qualifications

- **Yes** | **No**
- If you are not certified, are you qualified to sit for the exam in a primary or subspecialty board or added qualification?
- **Yes** | **No**
- Are you planning to take the exam?
- **Yes** | **No**
- Are you scheduled to take the exam? If yes, attach confirmation letter.

**Date Scheduled:**
- **Oral**
- **Written**
- **Other**

<table>
<thead>
<tr>
<th>Subspecialty or Added Qualification</th>
<th>Name of Board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Qualified</td>
<td>Date Qualification Expires</td>
</tr>
</tbody>
</table>

#### Classifications

- **Yes** | **No**
- Are you certified in CPR?
- **Yes** | **No**
- Basic Life Support (BLS)
- **Yes** | **No**
- Advanced Cardiac Life Support (ACLS)
- **Yes** | **No**
- Health Care Provider (CoreC)
- **Yes** | **No**
- Advanced Trauma Life Support (ATLS)
- **Yes** | **No**
- Neonatal Advanced Life Support (NALS)
- **Yes** | **No**
- Pediatric Advanced Life Support (PALS)
- **Yes** | **No**
- Other

Expires

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SECTION 11: OFFICE INFORMATION**

**Primary Office**

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Name As It Appears On Your W-9 (if applicable)</th>
<th>Business Owned By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Practice:**

___ Solo ___ Partnership ___ Single-Specialty Group ___ Multi-Specialty Group  Other (specify) ____________________________

**Office Manager**  

**Nurse Coordinator**  

<table>
<thead>
<tr>
<th>Group Medicare Number</th>
<th>Group Medicaid Number</th>
<th>IRS Tax ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Does this office have lab service?** ___ Yes ___ No  

**Reference Lab?** ___ Yes ___ No  

**On Site?** ___ Yes ___ No  

**CLIA ID #** ____________________________  

**CLIA Waiver #** __________

**Does your office have the following:**

___ Yes ___ No  

**Radiology**

List all independent licensed non-physicians working in this office.

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider Type</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___ Yes ___ No  

**EKG**

___ Yes ___ No  

**Audiology**

___ Yes ___ No  

**Treadmill**

___ Yes ___ No  

**Sigmoidoscopy**

___ Yes ___ No  

**Wheelchair/handicapped access?**

___ Yes ___ No  

**Other services for the disabled?**

**Fluent Languages:**

<table>
<thead>
<tr>
<th>You</th>
<th>Your Staff</th>
<th>Other Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___ Yes ___ No  

**Does this office meet all state and local fire, safety and sanitation requirements?**

___ Yes ___ No  

**Do you provide 24-hour, seven day a week coverage?**

**Office Hours:**

<table>
<thead>
<tr>
<th>From:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

| To:   |         |         |           |          |        |          |        |

List name, specialty, and phone number of physicians covering your practice in your absence. Attach an additional sheet if necessary.

**Note:** *These practitioners must be affiliated with the organization to which you are applying.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Telephone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Telephone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Telephone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Telephone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___ Yes ___ No  

**Do you or your business own, operate, manage or participate in any medical enterprise or business?**

If yes, explain on a separate attachment.
### SECTION 11: OFFICE INFORMATION

#### Secondary Office

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Name As It Appears On Your W-9 (if applicable)</th>
<th>Business Owned By</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Solo ____ Partnership ____ Single-Specialty Group ____ Multi-Specialty Group ____ Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Office Manager**

**Nurse Coordinator**

<table>
<thead>
<tr>
<th>Group Medicare Number</th>
<th>Group Medicaid Number</th>
<th>IRS Tax ID Number</th>
</tr>
</thead>
</table>

**Does this office have lab service?**

- Yes
- No

**Reference Lab?**

- Yes
- No

**On Site?**

- Yes
- No

**CLIA ID #**

**CLIA Waiver #**

**Does your office have the following:**

- Yes
- No

<table>
<thead>
<tr>
<th>Radiology</th>
<th>EKG</th>
<th>Audiology</th>
<th>Treadmill</th>
<th>Sigmoidoscopy</th>
<th>Wheelchair/handicapped access?</th>
</tr>
</thead>
</table>

**List all independent licensed non-physicians working in this office.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider Type</th>
<th>License Number</th>
</tr>
</thead>
</table>

**Fluent Languages:**

- You
- Your Staff
- Other Resources

**Does this office meet all state and local fire, safety and sanitation requirements?**

- Yes
- No

**Do you provide 24-hour, seven day a week coverage?**

- Yes
- No

### Office Hours:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
<td>From:</td>
</tr>
<tr>
<td>To:</td>
<td>To:</td>
<td>To:</td>
<td>To:</td>
<td>To:</td>
<td>To:</td>
<td>To:</td>
</tr>
</tbody>
</table>

List name, specialty, and phone number of physicians covering your practice in your absence. Attach an additional sheet if necessary.

**Note:** These practitioners must be affiliated with the organization to which you are applying.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Telephone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Specialty</td>
<td>Telephone ( )</td>
</tr>
<tr>
<td>Name</td>
<td>Specialty</td>
<td>Telephone ( )</td>
</tr>
<tr>
<td>Name</td>
<td>Specialty</td>
<td>Telephone ( )</td>
</tr>
<tr>
<td>Name</td>
<td>Specialty</td>
<td>Telephone ( )</td>
</tr>
</tbody>
</table>

**Does you or your business own, operate, manage or participate in any medical enterprise or business?**

- Yes
- No

If yes, explain on a separate attachment.
SECTION 12:  COPIES OF REQUIRED DOCUMENTS

Please include a copy of the following with this application. Practitioner should check off needed items that are being attached to this application.

<table>
<thead>
<tr>
<th>Attached</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oklahoma Bureau of Narcotics and Dangerous Drugs Registration (BNDD)</td>
</tr>
<tr>
<td></td>
<td>Current Federal DEA Registration Certificate</td>
</tr>
<tr>
<td></td>
<td>Emergency Care Training Certificates (CPR, etc., if certified)</td>
</tr>
<tr>
<td></td>
<td>Photo Identification</td>
</tr>
<tr>
<td></td>
<td>Curriculum Vitae</td>
</tr>
<tr>
<td></td>
<td>Tax Identification Information Form W-9</td>
</tr>
</tbody>
</table>

SECTION 13:  ATTESTATION

All information and documentation contained in this application is true, correct and complete to my best knowledge and belief. I further acknowledge that any material misstatements in or omissions from this application may constitute cause for denial of my application for staff membership, privileges, or participation.

Name (printed) ____________________________________________

Signature ____________________________________________ Date ______________

NOTE: Practitioners are reminded that each organization will require submission of additional information.

SECTION 14:  ADDITIONAL INFORMATION

This page is furnished for your convenience in completing questions or providing additional information. Please make as many copies of this page as you require to fully answer all questions.

As appropriate, note section number and question number that you are addressing.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________