



Addendum to Oregon Practitioner Credentialing Application

GOBHI's website allows our members to search for a practitioner/provider by name, gender, discipline, specialty, accepting new patients, languages spoken, and location. In order to make the searchable directory as accurate as possible, we are going to need to add your specific information.

Please put a check mark in each category that applies to you. **(Multiple checks are okay!)**

PRACTITIONER NAME:	DATE OF ADDENDUM:
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DISCIPLINE:

- LCSW - Licensed Clinical Social Worker
- LMFT - Licensed Marriage and Family Therapist
- LPC - Licensed Professional Counselor
- Nurse Practitioner
- Nurse Practitioner – Psychiatric Mental Health
- RN - Registered Nurse
- PA - Physician Assistant
- Psychiatrist
- Psychologist
- Other - Please specify:

BOARD CERTIFICATION: (If you choose to list a certification, an appropriate verification of the certification must be attached) – Please specify:

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AREA OF FOCUS: *(Must provide valid certificate to be listed)*

- Addiction Services – Gambling
- Addiction Services - Adult
- Anger Management
- Addiction Services - Child
- Applied Behavior Analysis
- Bariatric Assessment
- DUI Treatment Services
- Eating Disorder
- LGBTQ
- MAT – Medication Assisted Treatment
- Mental Health Adult
- Mental Health Child
- Trauma - EMDR
- Trauma Focused CBT Certified
- Trauma - Prolonged Exposure Therapy
- Neuropsychology
- Other – Please Specify:

ACCEPTING NEW MEDICAID PATIENTS:

- Yes
- No

IF SO, ANY LIMITATIONS?

- Yes
- No

PLEASE PROVIDE AN EXPLANATION FOR ANY LIMITATIONS:

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GENDER:

- Female
- Male
- Other

LANGUAGE:

Do you speak any languages other than English?

- Yes - If so, what languages (include sign language if applicable)
- No

PLEASE PROVIDE THE LANGUAGES (OTHER THAN ENGLISH) THAT ARE SPOKEN:

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ADDITIONAL PROVIDER DIRECTORY INFORMATION:

- Facility Tax ID #:

- Facility/Business NPI #:

- Facility Address (if you practice at multiple locations, please provide an address for each and indicate the days of the week that are traditionally spent at each location (e.g. 123 Main - M, W, F; 125 Main - T & Th):

- Facility phone number(s) for each location:

- Cultural Competency training completed **(Y/N)**:
Yes No
- Material available in alternate formats (audio, braille, large print, etc.) **(Y/N)**:
Yes No
- Interpreters available **(Y/N)**:
Yes No
- ADA accessibility **(Y/N)**:
Yes No
- Equipment/facility features for members with mobility limitations **(Y/N)**:
Yes No

Thank you for taking the time to complete this form. Please return this form along with your credentialing application and subsequent documents to the secure drop box below.

<https://gobhi.sharefile.com/remote/29d59227-b2e3-4b17-896e-023045c4b8dd> or

send to credentialing@gobhi.net Be sure to **include #SECURE# in subject line** along with your name.