



















## PART II: FACILITY PHYSICIAN ROSTER

Primary Facility Name: \_\_\_\_\_

### ROSTER INFORMATION

Please list all physicians rendering services at this location.

1. \_\_\_\_\_ Medical Director

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

***If the physician is practicing at multiple locations, please provide a roster of all locations with the physician's respective effective date.***

What professional training and experience requirements must a physician meet to practice at your facility?