

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?