



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
- Psychiatrist
- Psychologist
- Other - Please specify:

AREA OF FOCUS:

- | | |
|--|---|
| <input type="checkbox"/> Addiction Services - Gambling | <input type="checkbox"/> Addiction Services - Adult |
| <input type="checkbox"/> Addiction Services - Child | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Applied Behavior Analysis | <input type="checkbox"/> Assertive Community Treatment |
| <input type="checkbox"/> Bariatric Assessment | <input type="checkbox"/> Counseling/Therapy |
| <input type="checkbox"/> DUI Treatment Services | <input type="checkbox"/> EASA (Early Assessment and Support Alliance) |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> LGBTQ Issues |
| <input type="checkbox"/> Marriage and Family Counseling | <input type="checkbox"/> Mental Health Adult |
| <input type="checkbox"/> Mental Health Child | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> School Based Services | <input type="checkbox"/> Supported Education |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Transgender Services |
| <input type="checkbox"/> Trauma Focused CBT Certified | <input type="checkbox"/> Trauma - EMDR |
| <input type="checkbox"/> Trauma - Prolonged Exposure Therapy | <input type="checkbox"/> Wraparound |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other – Please Specify: | |

ACCEPTING NEW MEDICAID PATIENTS:

- Yes
- No

IF SO, ANY LIMITATIONS?

- Yes
- No

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

LANGUAGE:

Do you speak any languages other than English?

- Yes - If so, what languages (include sign language if applicable):
- No
- Choose not to answer

If you answered yes to the above question, are you certified as an interpreter and/or translator:

- Yes
- No

GENDER:

- Female
- Male

Practitioner Application Addendum

ADDITIONAL PROVIDER DIRECTORY INFORMATION:

- Facility Tax ID #:
- Facility/Business NPI #:
- Location (Facility) Open Date:
- Cultural Competency training completed **(Y/N)**:
- Material available in alternate formats (audio, braille, large print, etc.) **(Y/N)**:
- Equipment/facility features for members with mobility limitations **(Y/N)**:
- Interpreters available **(Y/N)**:
- ADA accessibility **(Y/N)**:

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.