



Dear Behavioral Health Provider: **Instructions for Completion of Forms:**

**Provider Information Form (Application)**

*For providers who have not yet submitted a completed Provider Information Form.*

This form must be filled out in its entirety. Each of the questions in Section VI – C on page 6 must be answered ‘Yes’ or ‘No’. For any question answered ‘Yes’ in this section, a detailed explanation must be given in Section VII on page 7. The Attestation must be signed on page 7, as must the authorization to verify information on page 8.

**Curriculum Vitae**

Submit a current copy of your Curriculum Vitae or resume along with the application.

**Current Copy of State License\***

Each provider must submit a current copy of his/her state license. **Providers must be able to practice independently of supervision in order to become eligible to participate in the CAI network.**

**Current Copy of Malpractice Face Sheet**

Each provider must submit a current copy of his/her malpractice face sheet.

**10 Year Malpractice Claims History**

To meet national quality standards, each provider must complete the 10 year malpractice claims form and send it to his/her malpractice carrier. The malpractice carrier is expected to report the claims history (in writing) to Cameron and Associates, Inc. Providers who have not been in practice for 10 years must submit a claims history that covers your length of practice. Providers who have used multiple insurance carriers must contact each insurer within that 10 year period.

**Current Federal DEA Controlled Dangerous Substance Registration (MD’S only)**

Each must submit a current copy of his/her federal DEA Controlled Dangerous Substance Registration.

**MSN Verification Form (nurses only)**

Each nurse specialist must have a Master’s degree. The appropriate sections of this form must be completed and sent to the appropriate institution for verification purposes.