

INSTRUCTIONS
DHS 1139A (04/08)
PSYCHIATRY/PSYCHOLOGY CREDENTIALING ATTACHMENT

PURPOSE:

Form DHS 1139A shall be used by health care providers who have specialties of psychiatry/psychology. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1. Name: Self Explanatory
2. Business Address: Self Explanatory
3. Place of Birth/Birth date: Self Explanatory
4. Hawaii Resident: Self Explanatory
5. Confirmation of Certification & Licensing: Self Explanatory
 - If yes then provide State of Certification
6. Denial of Certification & licensing: Self Explanatory
 - If yes then list State of denial
7. Suspension or Revoked License: Self Explanatory
 - If yes attach statement
8. Education: Self Explanatory
9. Experience: Self Explanatory
10. Do you hold an American Board Certification for your specialty? : Self Explanatory
 - If yes provide date of certification
11. Are you an A. P. A. Member? : Self Explanatory
 - If yes what type of membership?
12. Hospital privileges? Self Explanatory
13. Affiliation with any clinic? Self Explanatory
14. Private Practitioner? Self Explanatory