

INSTRUCTIONS
DHS 1139A (Rev. 08/10)

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:

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| 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: <ul style="list-style-type: none">• If yes then provide State of Certification | Self-explanatory |
| 6. Denial of Certification & licensing: <ul style="list-style-type: none">• If yes then list State of denial | Self-explanatory |
| 7. Suspension or Revoked License: <ul style="list-style-type: none">• If yes attach statement | Self-explanatory |
| 8. Education: | Self-explanatory |
| 9. Experience: | Self-explanatory |
| 10. Do you hold an American Board Certification for your specialty? : <ul style="list-style-type: none">• If yes provide date of certification | Self-explanatory |
| 11. Are you an A. P. A. Member? : <ul style="list-style-type: none">• If yes what type of membership? | Self-explanatory |
| 12. Hospital privileges? | Self-explanatory |
| 13. Affiliation with any clinic? | Self-explanatory |
| 14. Private Practitioner? | Self-explanatory |