AAIR *Access to American Indian Recovery*

Provider Enrollment Application

Part 6 - Clinic Based Provider Application

Health Program Name:_____

List all licensed or certified employees who will be providing clinical services to AAIR clients.

(Do not include Traditional Healers/Spiritual Advisors; there is a separate application form.)

Provider Name/ Credential	D.O.B.	M/F	License/Certification Number	Social Security # for Licensed Providers Only	State of Licensure/ Certification

Clinical services billed to AAIR must be provided at your AAIR approved clinic site(s) by an employee of, or an individual functioning under a signed Professional Services Agreement to, your health program. AAIR will individually credential providers. AAIR reserves the right to deny credentialing to any individual named on this list. No clinical services provided by non-credentialed providers are billable to AAIR.

Signed:_____ Date: _____

Executive Director