

**PROVIDER INFORMATION LETTER
(NON-PHYSICIAN MEDICAL PRACTITIONERS)**

Complete and return to: Kern Health Systems
Attention: Credentialing
9700 Stockdale Highway
Bakersfield, CA 93311

Supervising Physician Information

Name: _____ Group Name: _____
State License No.: _____ Medi-Cal Provider No.: _____
Type of Practice: _____ Provider Specialty: _____
Address: _____ City: _____ Zip: _____
Hours of Supervision/Week: _____

Non-Physician Medical Practitioner Information

Name: _____ License/Certification No.: _____
Address: _____ City: _____ Zip: _____
Classification: Mid Wife NP PA Date Employed: _____
Primary Type of Service: Family/General Practice OB/GYN Internal Medicine Pediatrics
 Other: _____
Max. Hours/week: _____
Nurse Practitioners only:
Duration of Training Program _____ School: _____

Please list any additional non-physician practitioners, by type, which you are currently supervising:

Mid Wives # _____ Nurse Practitioners # _____ Physician Assistants # _____

NOTE: Providers with multiple practice locations must submit a Provider Information Letter for each separate billing location in which you will provide supervision for the named Non-Physician Medical Practitioner. Any changes to the information given above must be reported to the Provider Relations Department within 30 days of the effective date of the change.

Signature of Supervising Physician _____

Date signed _____