MINNESOTA UNIFORM PRACTITIONER CHANGE FORM - Revised March 2020

Add – Remove – Change Demographic Data for Credentialed Practitioners and Specialists. Not Subject to Credentialing: ER Physician, Hospitalist Pathologist, Radiologist, Anesthesiologist, CRNA, Neonatologist, Dietitian, Therapists (PT; OT; SLP), Audiologist – check with entity if unsure.

\*If "NO", practitioner will not be included in the directory.

Demograp	hic Verification	on and Autho	orization								
Completed	and authorize	ed on behalf	of the practi	tioner by:							
Name/Title:									_ Date:		
Organization I	Name:										
Phone #:			FAX #:		E-Mail:						
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☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify)							_ '				
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	ional practic						ation Add	endum and at	tach to th	is form.	

THE FOLLOWING SITE LOCATION ADDENDUM FORM IS USED IN CONJUNCTION WITH THE MINNESOTA UNIFORM PRACTITIONER CHANGE FORM WHEN ADDING OR REMOVING PRACTITIONERS FROM MORE THAN TWO SITES. THIS FORM WILL ONLY BE ACCEPTED WHEN IT IS ACCOMPANIED BY A COMPLETED MINNESOTA UNIFORM PRACTITIONER CHANGE FORM.

## SITE LOCATION ADDENDUM

(Please make as many extra copies as necessary)

## **ADDITIONAL LOCATION(s) FOR:**

Last:				First:				MI:	NP	l:		
ADD/REMO	OVE Practi	itione	er									
Practicing a	g as:		Care	☐ Specialist	☐ Urgent	Care [	Locun	n Tenens	☐ Moonlightin	g Resident	☐ Hospitalist	
	☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify)											
☐ Clinic ☐ Hospital Clinic/Hospital Name:												
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Lifective Dat	ate: Practicing Specialty at this				Site:			Primary Site? ☐ YES ☐ NO				
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ADD/REMC	VE Practi	tione	r									
Practicing as: ☐ Primary Care ☐ Specialist ☐ Urgent Care ☐ Locum Tenens ☐ Moonlighting Resident ☐ Hospitalist												
☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify)												
☐ Clinic ☐	Hospital	Clinic	/Hospital	Name:		ı						
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Practicing a				☐ Specialist	☐ Urgent	Care [	Locun	n Tenens	☐ Moonlightin	g Resident	☐ Hospitalist	
☐ Hospital Based only ☐ Teaching/Research only ☐ Other (specify)												
☐ Clinic ☐ Hospital Clinic/Hospital Name:												
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Tax ID:	٦	Гуре 2	2 Site NP	1:	Directory S  ☐ YES [		Regularly	y Sees Patients	Here at Least Once Po	er Week? A	ccepting New Patients?	
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