blue of california

Blue Shield of California
Clinical Expertise Checklist

Clinician Name*:	
Licensure:	☐ MD ☐ Ph.D. ☐ MFT ☐ LCSW ☐ LPCC
License number:	
Employee Identification Number (EIN)**:	
Social Security Number (SSN)***:	

**For providers contracting as a group, please make a copy, complete and return this form for each individual provider listed on the group roster.*
*** Employee Identification Number (EIN) - Group Provider and/or Individual Provider*
**** Social Security Number (SSN) - Individual Provider*

Areas of Clinical Expertise

Please check all areas in which you have clinical training and experience ***AND*** are currently willing to treat in your practice.

- ☐ Abuse (Physical, Sexual, etc.)
- ☐ Adoption Issues
- ☐ Anger Management
- ☐ Anxiety
- ☐ Attention Deficit Disorders (ADHD)
- ☐ Bariatric /Gastric Bypass Evaluation
- ☐ Behavior Modification
- ☐ Biofeedback
- ☐ Certified Pastoral Counselor
- ☐ Christian Counseling
- ☐ Cognitive Behavioral Therapy
- ☐ Compulsive Gambling
- ☐ Developmental Disabilities
- ☐ Depression
- ☐ Crisis Diversionary Services
- ☐ Dialectical Behavioral Therapy
- ☐ Dissosociative Disorders
- ☐ Domestic Violence
- ☐ Electro-Convulsive Therapy (ECT)
- ☐ Forensic
- ☐ Gay/Lesbian Issues
- ☐ Gay/Lesbian Identified Children
- ☐ Grief/Bereavement
- ☐ Hearing Impaired Populations
- ☐ Home Care/Home Visits
- ☐ Hypnosis
- ☐ Independent/Qualified Medical Examiner
- ☐ Infertility
- ☐ Learning Disabilities
- ☐ Mood Disorders
- ☐ Nursing Home Visits
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Organic Disorders
- ☐ Pain Management
- ☐ Personality Disorders
- ☐ Police/Fire Fighters
- ☐ Phobia
- ☐ Post-Partum Depression
- ☐ Post-Traumatic Stress Disorder
- ☐ Psych Testing
- ☐ Psychotic/Schizophrenic Disorders
- ☐ Sex Offender Treatment
- ☐ Sexual Dysfunction
- ☐ Somatoform Disorders
- ☐ Transgender
- ☐ Weapons Clearance
- ☐ Worker's Compensation
- ☐ Rape Issues
- ☐ HIV/AIDS/ARC

Populations Treated: (check all that apply)

- ☐ Adult
- ☐ Couples/Marriage Therapy
- ☐ Family Therapy
- ☐ Group Therapy
- ☐ Inpatient Therapy

THE INFORMATION CONTAINED HEREIN IS PROPRIETARY & CONFIDENTIAL

Blue Shield of California
Specialty Attestation

Blue Shield of California requires additional training, experience and/or outside agency approval for the following populations, professional, and specialties. Please review the Specialty requirements as attached.

I have reviewed the Blue Shield of California Specialty Requirements criteria that a Clinician must meet to be considered a specialist in the following treatment areas. After reviewing the criteria, I hereby attest that by placing a check next to a specialty or specialties, I meet Blue Shield of California's requirements for that treatment area.

☐ Preschool (0-5)
☐ Children (6-12)
☐ Adolescents (13-18)
☐ Geriatrics
☐ Chemical Dependency/Substance Abuse
☐ Eating Disorders
☐ Neuropsychological Testing
☐ Pervasive Development Disorders
☐ Autism
☐ Asperger's Syndrome

I understand that Blue Shield of California may require documentation to verify that I meet the criteria outlined under Specialty Requirements pertaining to the specialty or specialties I have designated above. I will cooperate with a Blue Shield of California documentation audit, if requested, to verify that I meet the required criteria.

I hereby attest that all of the information above is true and accurate to the best of my knowledge. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the Blue Shield of California network.

Further, by checking the box below, I understand that I have not indicated any specialties to my training.

☐ No specialties

Printed Name of Applicant: _____

Signature of Applicant*: _____ **Date:** _____

(*) Signature stamps are not accepted.

You may return this completed document to Blue Shield of California via Mail or FAX

Blue Shield of California
Provider Information & Enrollment
P.O. Box 629017
El Dorado Hills, CA 95762-9017
Fax Number: 916-350-8860

PLEASE RETURN PAGES 1&2, RETAINING PAGES 3&4 FOR YOUR RECORDS

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PHYSICIAN SPECIALTY REQUIREMENTS

Important Note: Signature of the Specialty Attestation is required

PRESCHOOL/CHILDREN:

- Completion of an ACGME approved Child Fellowship **OR** recognized certification in Child Psychiatry

AND (1) one or more of the following:

- Ten (10) hours of CME in preschool/children in the last twenty-four (24) month period.
- Evidence of at least twenty-five percent (25%) of practice experience in the treatment of preschool/children

ADOLESCENTS:

- Completion of an ACGME approved Child and Adolescent Fellowship **OR** recognized certification in Adolescent Psychiatry

AND (1) one or more of the following:

- Ten (10) hours of CME in adolescents in the last twenty-four (24) month period.
- Evidence of at least twenty-five percent (25%) of practice experience in treating adolescent patients

GERIATRICS:

- Completion of an ACGME approved Geriatric Fellowship **OR** recognized certification in Geriatric Psychiatry

AND (1) one or more of the following:

- Ten (10) hours of CME in Geriatrics in the last twenty-four (24) month period.
- Evidence of at least twenty-five percent (25%) of practice experience in treating geriatric patients

CHEMICAL DEPENDENCY/SUBSTANCE ABUSE:

- Completion of an ACGME approved fellowship in Addiction Medicine **OR** Certification in Addiction Medicine or ASAM

AND (1) one or more of the following:

- Ten (10) hours of CME in Substance Abuse in the last twenty-four (24) month period
- Evidence of at least twenty-five percent (25%) of practice experience in substance abuse

EATING DISORDERS:

- One (1) year fellowship, internship or practice in Eating Disorders, completed at an accredited institution or approved program

AND

- Evidence of at least one (1) year professional experience with at least twenty-five percent (25%) of practice in the treatment of eating disorders.
- Ten (10) hours of CME in Eating Disorders in the last twenty-four (24) month period.

PERVASIVE DEVELOPMENTAL DISORDERS:

- Six (6) months full-time clinical work in a PDD clinic or structured PDD setting within past five (5) years ***OR***
- Twenty percent (20%) of current practice involved in the assessment and treatment of patients with PDD

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Important Note: Signature of Specialty Attestation is Required

PRESCHOOL/CHILDREN:

- Completion of an APA approved or other accepted training program in Child Psychology

AND one (1) or more of the following:

- Ten (10) hours of CEU in preschool/children in the last 24 month period.
- Evidence of at least twenty-five (25%) of practice experience in the treatment of preschool/children.

ADOLESCENTS:

- Completion of an APA approved or other accepted training program in Adolescent Psychology

AND one (1) or more of the following:

- Ten (10) hours of CEU in adolescents in the last 24 month period.
- Evidence of at least 25% of practice experience in treating adolescent patients

EATING DISORDERS:

- One (1) year fellowship, internship or practice in Eating Disorders,

AND

- completed at an accredited institution or approved program Evidence of at least one (1) year professional experience with at least twenty-five (25%) of practice in the treatment of eating disorders
- Ten (10) hours of CEU in Eating Disorders in the last twenty-four (24) month period

GERIATRICS:

- Completion of an APA approved or other accepted training program in Geriatric Psychology

AND one (1) or more of the following:

- Ten (10) hours of CEU in Geriatrics/Gerontology in the last twenty-four (24) month period
- Evidence of twenty-five (25%) of practice experience in treating geriatric patients

PERVASIVE DEVELOPMENTAL DISORDERS:

- Six (6) months full-time clinical work in a PDD clinic or structured PDD setting within past 5 years

OR

- Twenty percent (20%) of current practice involved in the assessment and treatment of patients with PDD

CHEMICAL DEPENDENCY/SUBSTANCE ABUSE:

- Complete an APA or other accepted training in Addictionology

OR

- Certification in Addiction Counseling

AND one (1) or more of the following:

- Ten (10) hours of CEU in Substance Abuse in the last twenty-four (24) month period. Evidence of twenty-five (25%) practice experience in substance abuse

SUBSTANCE ABUSE PROFESSIONAL:

Certificate of training in federal Department of Transportation SAP functions and regulatory requirements (agencies providing such certification include, but not limited to, Blair and Burke, EAPA and NMDAC)

CRITICAL INCIDENT STRESS DEBRIEFING:

- Certificate of CISD training from American Red Cross or Mitchell model.
- Documentation of training and CEU units in the provision of CISD services

WORKER'S COMPENSATION:

- Twenty-four (24) months experience assessing and treating worker's compensation cases

NEUROPSYCHOLOGICAL TESTING – Psychologist Only.

- Member of the American Board of Clinical Neuropsychology **OR** the American Board of Professional Neuropsychology

OR

- Completion of courses in Neuropsychology including: Neuroanatomy, Neuropsychological testing, Neuropathology, or Neuropharmacology
- Completion of an internship, fellowship, or practicum in Neuropsychological Assessment at an accredited institution **AND**
- Two (2) years of supervised professional experience in Neuropsychological Assessment