

**Blue Shield of California
Clinical Expertise Checklist**

Clinician Name*:	
Licensure:	<input type="checkbox"/> MD <input type="checkbox"/> Ph.D. <input type="checkbox"/> MFT <input type="checkbox"/> LCSW <input type="checkbox"/> 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.

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

Populations Treated: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Couples/Marriage Therapy | <input type="checkbox"/> Inpatient Therapy |
| <input type="checkbox"/> Family 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

**THE INFORMATION CONTAINED HEREIN IS PROPRIETARY & CONFIDENTIAL
PHYSICIAN SPECIALTY REQUIREMENTS**

Important Note: Signature of the Specialty Attestation is required

<p><u>PRESCHOOL/CHILDREN:</u></p> <ul style="list-style-type: none">• Completion of an ACGME approved Child Fellowship OR recognized certification in Child Psychiatry <p>AND (1) one or more of the following:</p> <ul style="list-style-type: none">• 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
<p><u>ADOLESCENTS:</u></p> <ul style="list-style-type: none">• Completion of an ACGME approved Child and Adolescent Fellowship OR recognized certification in Adolescent Psychiatry <p>AND (1) one or more of the following:</p> <ul style="list-style-type: none">• 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
<p><u>GERIATRICS:</u></p> <ul style="list-style-type: none">• Completion of an ACGME approved Geriatric Fellowship OR recognized certification in Geriatric Psychiatry <p>AND (1) one or more of the following:</p> <ul style="list-style-type: none">• 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
<p><u>CHEMICAL DEPENDENCY/SUBSTANCE ABUSE:</u></p> <ul style="list-style-type: none">• Completion of an ACGME approved fellowship in Addiction Medicine OR Certification in Addiction Medicine or ASAM <p>AND (1) one or more of the following:</p> <ul style="list-style-type: none">• 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
<p><u>EATING DISORDERS:</u></p> <ul style="list-style-type: none">• One (1) year fellowship, internship or practice in Eating Disorders, completed at an accredited institution or approved program <p>AND</p> <ul style="list-style-type: none">• 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.
<p><u>PERVASIVE DEVELOPMENTAL DISORDERS:</u></p> <ul style="list-style-type: none">• 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

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

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PSYCHOLOGISTS & MASTER'S LEVEL CLINICIANS SPECIALTY REQUIREMENTS

Important Note: Signature of Specialty Attestation is Required

<p><u>PRESCHOOL/CHILDREN:</u></p> <ul style="list-style-type: none"> • Completion of an APA approved or other accepted training program in Child Psychology <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> • 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. 	
<p><u>ADOLESCENTS:</u></p> <ul style="list-style-type: none"> • Completion of an APA approved or other accepted training program in Adolescent Psychology <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> • 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 	<p><u>EATING DISORDERS:</u></p> <ul style="list-style-type: none"> • One (1) year fellowship, internship or practice in Eating Disorders, <p>AND</p> <ul style="list-style-type: none"> • 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
<p><u>GERIATRICS:</u></p> <ul style="list-style-type: none"> • Completion of an APA approved or other accepted training program in Geriatric Psychology <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> • 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 	<p><u>PERVASIVE DEVELOPMENTAL DISORDERS:</u></p> <ul style="list-style-type: none"> • Six (6) months full-time clinical work in a PDD clinic or structured PDD setting within past 5 years <p>OR</p> <ul style="list-style-type: none"> • Twenty percent (20%) of current practice involved in the assessment and treatment of patients with PDD
<p><u>CHEMICAL DEPENDENCY/SUBSTANCE ABUSE:</u></p> <ul style="list-style-type: none"> • Complete an APA or other accepted training in Addictionology <p>OR</p> <ul style="list-style-type: none"> • Certification in Addiction Counseling <p>AND one (1) or more of the following:</p> <ul style="list-style-type: none"> • 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 	<p><u>SUBSTANCE ABUSE PROFESSIONAL:</u></p> <p>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)</p>
<p><u>CRITICAL INCIDENT STRESS DEBRIEFING:</u></p> <ul style="list-style-type: none"> • Certificate of CISD training from American Red Cross or Mitchell model. • Documentation of training and CEU units in the provision of CISD services 	<p><u>WORKER'S COMPENSATION:</u></p> <ul style="list-style-type: none"> • Twenty-four (24) months experience assessing and treating worker's compensation cases
<p><u>NEUROPSYCHOLOGICAL TESTING – Psychologist Only.</u></p> <ul style="list-style-type: none"> • Member of the American Board of Clinical Neuropsychology OR the American Board of Professional Neuropsychology <p>OR</p> <ul style="list-style-type: none"> • 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 	