

Board Specialty Certification Status Form

Reason for Form: Information was not properly completed on your application or was left blank. Please complete as much information as you can.

Provider Information

Provider Name: _____ Degree: _____ Scope of Practice: _____

Specialty Board: _____

Board Certified: <input type="checkbox"/> Y <input type="checkbox"/> N	Type of Board Certification:	Certificate Number:
Original Certificate Date:	Most Recent Recertification Date:	Certification Expiration Date:
Have you Applied for your Board Certification? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, give details of plans to apply and take board exam:	
Have you scheduled your exam or in process of taking the test? <input type="checkbox"/> Y <input type="checkbox"/> N	If no, please provide a detailed explanation as to why you are not board certified:	

Please provide detailed information to us by no later than _____. In order for your file to be reviewed by a Board Member, we must determine the file to be accurate and complete and that any outstanding questions/concerns are addressed. **By signing this form, I hereby certify that all information contained about my board certification is true, correct and complete in all respects and agree to promptly notify the "recipient" immediately if there are any changes in the information about the status of my board certification status.**

Provider's Signature _____ Date _____

Please send form back to the
ATTENTION of: Credentialing Specialist
Devon Health Services
1100 First Avenue, Suite 100
King of Prussia, PA 19046
Fax number: 610-757-1392