



NON-PHYSICIAN/TECHNICAL STAFF MEMBER INFORMATION

Please complete the form below and return with all required documentation to:
CareCore National, LLC
Attention Credentialing Department
400 Buckwalter Place Boulevard
Bluffton, SC 29910

Or fax all documentation to CareCore National Credentialing Department at 845-298-8384.
If you have questions, contact the CareCore National Credentialing Department at 800-918-8924, ext 10190.

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NON-PHYSICIAN/TECHNICAL STAFF MEMBER

(Providing Direct Medical Care to Patients)

CREDENTIAL INFORMATION

NAME IN FULL: _____ Date: _____
 (Last, First Middle)

Office Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Radiologic Technologist	<u>State Lic. #</u> (Provide copy of current registration)	<u>Indicate which modalities you work in</u> ___ X-ray ___ CT ___ Fluro ___ MR ___ Mammo ___ NM	<u>Circle any certifications you hold (Enclose copy)</u> ARRT (R) ARRT (M) ARRT (CT) ARRT (MR) ARRT (CV)
Sonographer	Enclose copy of certificate from sonography training program.	Enclose copy of any of the following certifications: RDMS RDCS RVT	
Nuclear Medicine	Enclose copy of evidence of completion of a Nuclear Medicine Degree or training program.	NMTCB Copy of certificate and current member in good standing card.	Enclose copy of current ARRT(N) in good standing card.

If you do not have a current NMTCB card, current ARRT card, or current ARDMS, you must provide proof of twelve (12) CEU's per year.

All Technicians must provide proof of Professional Liability Coverage and Policy Limits.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

TECHNOLOGIST'S SIGNATURE: _____

NAME (please print): _____ DATE: _____