

MAIL COMPLETED FORM TO:
eMedNY
PO BOX 4610
Rensselaer, New York 12144



Clinic Certification of Staff Certified as Asthma Educators

(Note: Staff does not need to enroll separately to the Medicaid Program if they only provide education services through your employ)

Initial notification to the Medicaid Program
OR
 Updated Exp. Date notification to the Medicaid Program

CLINIC NAME: _____ NPI: _____ (use a separate form for each clinic NPI)

PROOF OF EACH STAFF MEMBER'S CERTIFICATION BY THE **NATIONAL ASTHMA EDUCATOR CERTIFICATION BOARD** MUST BE MAINTAINED AT THE CLINIC OR ITS ADMINISTRATIVE OFFICE AND MUST BE AVAILABLE TO THE MEDICAID PROGRAM UPON REQUEST.

LIST UP TO FOUR STAFF BELOW (TO REPORT ADD'L STAFF, ATTACH A SEPARATE SHEET):

<u>Name</u>	<u>NPI #*</u>	<u>Profession**</u>	<u>Certification #</u>	<u>Certification Period</u>	
				<u>Eff. Date</u>	<u>Exp. Date</u>

***IMPORTANT:** Report Educators' NPIs at www.eMedNY.org "Enter Facilities Practitioner's NPIs" link

CERTIFICATION STATEMENT:

The signature below certifies that staff credentials have been confirmed and are accurately listed above. The clinic recognizes that the Medicaid Program must be notified of any changes to the information listed above. If the clinic no longer employs credentialed staff, the clinic cannot bill Medicaid for these services.

PLEASE PRINT NAME & TITLE OF AUTHORIZED REP.

SIGNATURE OF AUTHORIZED REP. LISTED AT LEFT / DATE

TELEPHONE NUMBER AND e-MAIL ADDRESS OF AUTHORIZED REP. LISTED ABOVE

**** Profession Codes for Certified Asthma Educators:**

- | | | | |
|------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| RN – 022 | Nurse Prac - Adult Health 030 | Nurse Prac – OB-GYN - 036 | Nurse Prac – Women's Health - 042 |
| Res. Therapist – 052 | Nurse Prac – College Health 031 | Nurse Prac – Oncology – 037 | Nurse Prac – Acute Care - 043 |
| Physician – 060 | Nurse Prac – Community Health 032 | Nurse Prac – Pediatrics – 038 | Nurse Prac – Palliative Care - 044 |
| Phys-3 Yr Lim. Lic. - 061 | Nurse Prac – Family Health 033 | Nurse Prac – Perinatology – 039 | Nurse Prac – Holistic Nursing - 045 |
| Pharmacist – 020 | Nurse Prac – Gerontology – 034 | Nurse Prac – Psychiatry – 040 | Nurse Prac – Anesthesiology - 046 |
| Reg. Phys Asst. – 023 | Nurse Prac – Neonatology – 035 | Nurse Prac – School Health – 041 | |
| Clinical Social Worker – 073 | | | |
| Physical Therapist. – 062 | | | |
| Occ. Therapist – 063 | | | |
| Master Social Worker – 072 | | | |