

Return To: Computer Science Corporation
PO BOX 4610
Rensselaer NY 12144-4610

CERTIFIED ASTHMA EDUCATOR ENROLLMENT QUESTIONNAIRE

Applicant Name _____
(Last, First, MI)

Employer National Provider Identifier (NPI) (Required) _____

Employer Medicaid Provider # (Required) _____

1. Are you working for more than one employer? Yes No
2. Are you working for one or more physician's group? Yes No
3. Are you working at more than one location? Yes No

If "Yes" answered for any of the above questions, complete the following:

	<u>Location</u>	<u>Provider #</u>	<u>NPI#</u>	<u>No. of Hours/Week</u>	<u>Employer Name</u>
a.	_____				
b.	_____				
c.	_____				
d.	_____				
e.	_____				
f.	_____				

4. Provide employment history for previous (2) two years. (Most recent position first. Attach additional sheets if necessary.)

<u>Date From/To</u>	<u>Location</u>	<u>Employer Name</u>

