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

Clinic Certification to Provide Diabetes Education

☐ 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)

COMPLETE ALL OF SECTION 1 OR ALL OF SECTION 2 (not both)

SECTION 1: THIS CLINIC HAS RECEIVED ACCREDITATION FROM THE FOLLOWING NATIONAL ACCREDITATION ORGANIZATION (NAO) AND PROOF OF THAT ACCREDITATION IS ATTACHED.

American Diabetes Association (ADA) ☐ American Association of Diabetes Educators (AADE) ☐ Indian Health Services (IHS) ☐

_____ _____

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

SECTION 2: PROOF OF EACH STAFF MEMBER'S CERTIFICATION BY THE **NATIONAL CERTIFICATION BOARD FOR DIABETES EDUCATORS** MUST BE MAINTAINED AT THE CLINIC OR ITS ADMINISTRATIVE OFFICE AND MUST BE AVAILABLE TO THE MEDICAID PROGRAM UPON REQUEST. STAFF DOES NOT NEED TO ENROLL SEPARATELY IN THE MEDICAID PROGRAM IF THEY ONLY PROVIDE EDUCATION SERVICES THROUGH YOUR EMPLOY.

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

Name	NPI #	Profession**	Certification #	Certification Period Eff. Date	Certification Period Exp. Date

**** Profession Codes for Certified Diabetes Educators**:

RN – 022	Nurse Prac - Adult Health 030	Nurse Prac – OB-GYN - 036	Nurse Prac – Women's Health - 042
Phys. Therp. – 062	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	
Registered Dietician - 048			

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

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