

## Additional Requirements for CHIP-Only Enrollment Provider Type 09 (Certified Registered Nurse Practitioner)

### Specialty Code

Please choose from the following for specialty and code:

- 090 - Pediatric
- 091 - Obstetrics/Gynecology
- 092 - Family Health
- 093 – Nurse Practitioner (Primary Care)
- 095 – Adult Health
- 098 – Gerontology
- 099 – Emergency
- 103 – Family and Adult Psych Mental Health
- 370 – Tobacco Cessation
- 548 – Therapeutic Staff Support
- 549 – Mobile Therapy
- 558 – Behavior Specialist for Children with Autism
- 559 – Behavioral Specialist Consultant

**The following documents and supporting information are required for enrollment:  
(Please ensure all documents are legible.)**

- Completed application for the enrollment of a CHIP Provider – application **must** include:
  - Signed CHIP Provider Agreement
  - Completed Ownership or Control Interest Disclosure form
- Copy of current license issued by the Department of State
  - If Provider is Out-of-State, submit similar licensure issued by appropriate agency.
- Copy of prescriptive authority license issued by the PA State Board of Nursing or copy of the application for Prescriptive Authority—the PA Department of State website provides more information:  
<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents>
- Copy of DEA certificate, if applicable
- If the Provider is not a citizen of the United States, submit a copy of Permanent Resident Card or Form I-797 documenting proof of authorization to work in the United States.

### Requirements for a Provider Type 09 Group:

- Completed application for the enrollment of a Group Provider– application **must** include:
  - Signed CHIP Provider Agreement with original signature of an authorized representative
  - Completed Ownership or Control Interest Disclosure form
  - Group Member form and Provider ID number of at least one Provider
- Documentation generated by the IRS showing both the Group’s legal name and FEIN—documentation **must** come from the IRS; this Department **does not** accept W-9s
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copies of Corporation papers issued by the Department of State (DOS) Corporation Bureau
- If the Group operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

*Certified Registered Nurse Practitioners (09) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>. If circumstances do not allow online submission, send application and documents to:*

**DHS Provider Enrollment  
PO Box 8045  
Harrisburg, PA 17105-8045  
Fax: (717) 265-8284  
E-mail: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)**

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