

NC MEDICAID Speech Language Pathologist Taxonomy 235Z00000X

PROVIDER ATTESTATION FORM

Provider name: _____

NPI: _____

Reference/Application ID Number (optional):

When enrolling, re-enrolling, or completing re-credentialing/re-verification for taxonomy 235Z00000X - Speech-Language Pathologist, or adding this taxonomy to an existing record, the Division of Health Benefits (DHB) must verify that the provider meets the requirements of 42 CFR 440.110(c)(2):

2) A “speech pathologist” is an individual who meets one of the following conditions:

- (i) Has a certificate of clinical competence from the American Speech and Hearing Association.
- (ii) Has completed the equivalent educational requirements and work experience necessary for the certificate.
- (iii) Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

By completing this form, you are attesting that in lieu of the certificate of clinical competence from the American Speech and Hearing Association:

- **You have completed the equivalent educational requirements and work experience necessary for the certificate.**
- **You have completed continuing education hours/units that satisfy the ASHA requirements to retain certification, regardless of whether you are ASHA certified.**

The undersigned attests that the provider complies with all applicable requirements within NC Clinical Coverage Policies. The undersigned further acknowledges and understands that any material misrepresentation made to NC Medicaid regarding this Attestation may result in an investigation by NC Medicaid and/or impact the provider’s eligibility to participate in the NC Medicaid program.

Printed Name of Individual Provider:

Signature of Individual Provider:

Date: _____