

Please see the chart below with details on application requirements and supporting documentation that may be required:

This information is ONLY applicable to individual providers submitting an initial, re-enrollment or re-verification application.

Supplemental Information	Requirements	Data Fields	Supporting Documentation
Work History	<ul style="list-style-type: none"> - Provider must enter the past five years of health related work history - Provider must provide explanation of any gaps of six months or more in writing <p><u>Verification</u>: None required</p>	<ul style="list-style-type: none"> - Company Name - Job Title - Start Date - End Date <p><i>Notes: If the job is still current, enter 12/31/9999. If the enrolling provider is a resident/intern, enter Resident as the job title.</i></p>	<p>Written documentation explaining any gaps of six months or more in healthcare-related work history that occurred in the past five years must be uploaded.</p>
Education	<ul style="list-style-type: none"> - Provider must enter his highest level of education completed <p><u>Verification</u>: GDIT will source verify using LexisNexis (LN)</p>	<ul style="list-style-type: none"> - School Name - Degree - Start Date - Graduation Date 	<p>If unable to source verify using LN, the application will be returned to provider to obtain an official transcript. This transcript can be a SEALED certified transcript mailed to NCTracks or an electronic copy sent directly from the school.</p> <p>Mailing Address: Provider Enrollment PO Box 300009</p>

			<p>Raleigh, NC 27622</p> <p>The email address will be provided in the Request for Additional Information if needed.</p>
<p>Board Certifications (including DEA)</p>	<p>- In addition to certifications required for a taxonomy code, individual providers are now requested to add all board certifications</p> <p>- Providers will have the ability to add additional board certifications in reverification applications</p> <p><u>Verification:</u> GDIT will source verify using LexisNexis (LN)</p>	<p>No new fields</p>	<p>If unable to source verify, the application will be returned to the provider to upload certification documentation.</p>
<p>Malpractice Insurance Coverage</p>	<p>-Provider answers "yes"/"no" to whether they currently have malpractice insurance coverage</p> <p><u>Verification:</u> None required</p>	<p>Must provide:</p> <ul style="list-style-type: none"> - Malpractice Type - Insurance Agency Name - Amount - Effective Date - Expiration Date 	<p>None</p>