

2. MEDICAL DIRECTOR OR EQUIVALENT

A specific physician Medical Director or equivalent must clearly be identified and must be licensed in good standing.

Name: MD DO Other Specialty:

License Number: NPI Number:

Phone Number: Email Address:

3. FACILITY TYPE

One box must be checked based on licensure status. If your provider type is not listed below, do NOT complete this application

MEDICAL

Ambulatory Surgery Center _ Free Standing

Home Health Care Agency – Providing skilled nursing services

Hospital – All Types including Psychiatric (# of Medicare certified beds:)

Skilled Nursing Facility / Nursing Home (# of Medicare certified beds:)

Birth Center

BEHAVIORAL HEALTH

Adult Licensed Residential Crisis

Children’s Residential Facility – Mental Health Treatment

Children’s Residential Facility – Substance Abuse Treatment

Eating Disorders Residential Facility

Mental Health Residential Treatment, IRTS, or Residential Crisis

Partial Psych/Partial Hospitalization – Free standing only

Substance Abuse Treatment – Outpatient and / or Residential / Inpatient

Outpatient Treatment Program

FOR HOSPITALS ONLY

Does your Facility provide any of the following services?

Critical Access Hospital	Yes	No	Cardiac Surgery Program	Yes	No
Outpatient Dialysis	Yes	No	Physical Therapy	Yes	No
Critical Care Services - Intensive Care Unit (ICU)	Yes	No	Occupational Therapy	Yes	No
Diagnostic Radiology	Yes	No	Outpatient Infusion / Chemotherapy	Yes	No
Mammography	Yes	No	Speech Therapy	Yes	No
Genetic Counseling and Testing	Yes	No	Laboratory Services	Yes	No
Cardiac Catheterization Services	Yes	No			

MINNESOTA UNIFORM FACILITY CREDENTIALING APPLICATION

FACILITY CREDENTIALING APPLICATION LANGUAGES

● *Check all languages spoken by facility/agency/program staff fluently enough to treat patients/clients who speak only that language.*

● *Indicate if Sign Language and/or an Interpreter Service is available at your facility*

	AFRIKAANS		HILIGAYNON		OROMO
	AKAN		HINDI		PAKASTANI
	ARABIC		HINDU		PERSIAN
	ARABIC NORTH LEVAN		HMONG		POLISH
	ARMENIAN		IBO OF NEGERIA		PORTUGUESE
	ASSAMESE		ICELANDIC		ROMANIAN
	BENGA		INDONESIAN		RUSSIAN
	BENGALI		IOLCANO		SERBIAN
	BOSNIAN		ITALIAN		SINDHI
	BULGARIAN		KANNADA		SINHALA
	BURMESE		KAREN		SLAVIC
	CAMBODIAN		KASHMIRI		SLOVENIAN
	CANTONESE		KISII		SOMALI
	CHILEAN		KISWAHILI		SPANISH
	CHINESE		KONKANI		SWAHILI
	CHINESE MANDARIN		KOREAN		SWEDISH
	CROATIAN		KUNIAN		TAGALOG
	CZECH		KURDISH		TAIWANESE
	DANISH		LATIAN		TAMIL
	DUTCH		LAOTIAN		TELUGU
	EGYPTIAN		LATVIAN		THAI
	ESAN		LIINGALA		TIGRIGNA
	EATONIAN		LITHUANIAN		TSWANA
	FARSI		LUGANDA		TURKISH
	FILIPINO		LUO		TURKMEN
	FINNISH		MALAY		UKRANIAN
	FLEMISH		MALATALAM		URDU
	FRENCH		MANDARI		VIETNAMESE
	GERMAN		MANDINKA		WELSH
	GREEK		MARATHI		WOLOF
	GUJARATI		NEPALI		YIDDISH
	HAITIAN CREOLE FRENCH		NORWEGIAN		YORUBA
OTHER:					
	AMERICAN SIGN LANGUAGE			INTERPRETER SERVICE UTILIZED BY FACILITY	

