



# MEMBER APPLICATION CHECKLIST

**Please note that the following materials must be included in your complete application for PTPN. All of the other materials in the application packet are for you to keep.**

**For the practice:**

- \_\_\_\_\_ PTPN Member Application, signed by owner
- \_\_\_\_\_ PTPN Credentialing Form, signed by owner (including clarifications of question 13, if applicable)
- \_\_\_\_\_ PTPN Member Agreement, signed by owner on page 6
- \_\_\_\_\_ PTPN Initial Credentialing Standards Form
- \_\_\_\_\_ W-9
- \_\_\_\_\_ Face sheet from professional liability insurance showing expiration date
- \_\_\_\_\_ Latest Medicare Certification letter
- \_\_\_\_\_ CMS billing form (blank with only boxes 31, 32 and 33 completed)
- \_\_\_\_\_ Checks for enrollment fee and membership dues
- \_\_\_\_\_ NPI number for practice

**For each therapist at the practice:**

- \_\_\_\_\_ PTPN Attestation, signed by each therapist
- \_\_\_\_\_ Resume and/or work history showing month and year (if there is a gap in work history larger than 6 months, please include explanation as to why)
- \_\_\_\_\_ NPI number

**Please sign and return this form with your completed application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date