



521 E 86th Ave, Ste H
Merrillville, IN 46410
219-323-3311

Onboarding Checklist:

Please provide the following:

1. Full Name:
 2. Date of Birth
 3. Mailing Address:
 4. Phone Number:
 5. Email:
 6. *If Applicable*, Professional License type, state, and number:
 7. *If Applicable*, NPI Number visit: <https://nppes.cms.hhs.gov/#/>
 8. *If Applicable*, CAQH Number [click here]:
 9. Internship sites:
 10. Spoken Language(s):
 11. Availability:
 12. Specialties:
-
1. Resume/CV (with no gaps in employment)
 1. Copy of License(s)
 2. Copy of Liability Insurance (malpractice insurance \$1mil./\$3mil)
 3. Copy of Driver's License
 4. Head Shot and Bio
 5. Copy of Degree(s)



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