



New Pharmacist Prescriber (PT PH) **group** applications should include the following:

INFORMATION	DOCUMENTATION
<input type="checkbox"/> Legal Name (as listed with the IRS)	
<input type="checkbox"/> Doing Business As Name (DBA) (if applicable)	<input type="checkbox"/> DBA statement
<input type="checkbox"/> Federal Tax ID (TIN), or Employer Identification Number (EIN)	
<input type="checkbox"/> State Department of Assessment and Taxation Number (SDAT)	
<input type="checkbox"/> National Provider Identifier (NPI)	
<input type="checkbox"/> Entity Type (ex: Corporation)	<input type="checkbox"/> Supporting documentation (ex: Articles of Incorporation)
<input type="checkbox"/> Pharmacy Licensure	<input type="checkbox"/> Active pharmacy license
<input type="checkbox"/> Rendering provider (at least 1)	<input type="checkbox"/> Legal name, NPI, and any adverse actions, professional license

New Pharmacist Prescriber (PT PH) **rendering** applications should include the following:

INFORMATION	DOCUMENTATION
<input type="checkbox"/> Group Information: NPI, Name, Service Address	
<input type="checkbox"/> Applicant's Social Security Number	
<input type="checkbox"/> Applicant's Professional Licenses	<input type="checkbox"/> Active pharmacist license
<input type="checkbox"/> Board-approved training	<input type="checkbox"/> Documentation of Board-approved training completion

As a group, you may need to disclose information about any individuals and entities with control interest in the group. This includes: board members, directors; managing employees; agents and owners (associations/family relations). Managing control means general management, administration, direction, or managerial control.

DISCLOSURE REQUIREMENTS	
INFORMATION	DOCUMENTATION
<input type="checkbox"/> Individuals & subcontractors: Legal name, address, SSN, EIN/FEIN, NPI, all fines/debts,	<input type="checkbox"/> Documentation of any adverse actions including terminations, suspensions, convictions, and reinstatements