

PHYSICIAN

CHDP PROVIDER APPLICATION CHECKLIST

Below is a checklist of items needed for your new application along with necessary forms. Please return completed checklist with forms and supporting documents. Feel free to call our office at 951.358.5481 if you have any questions.

Applicant: _____

Facility Name(s): _____

Address(es): _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

- Original, signed Provider Application – Part II, **Signed in Blue Ink**
- Original, signed CHDP Health Assessment Provider Program Agreement (DHCS 4491), **Signed in Blue Ink**
- Copy of CV
- Applicant Email Address:
- Language(s) spoken:
- Copy of current unrestricted Physician License or verification **Exp:**
- Medi-Cal Provider Number NPI #: ***NPI Number must be registered with Medi-cal**

Provider specialty is: Pediatrics Family Practice Internal Medicine
 Board Certified: Pediatrics Family Practice Internal Medicine
 Copy of Board Certification

If Not Certified, Board Eligible In: Pediatrics Family Practice Internal Medicine
 Copy of Verification of **completion** of a 3 year Peds, FP, or Internal Medicine residency program

- Malpractice Insurance – showing coverage **at clinic address** **Exp:**
- Attendance of a CHDP Overview Workshop (Riverside or San Bernardino) in the last 5 years. **Date:**

Submit application checklist and required documents to the following email address:

CHDPRiverside@ruhealth.org

Or you may mail to:

County of Riverside Department of Public Health
 CHDP
 P.O. Box 7600
 Riverside, CA 92513-7600