

# NURSE PRACTITIONER

## 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 Physician / Non-Physician Health Assessor Agreement, **signed in Blue Ink**
- Provider/Applicant Email:
- Copy of CV
- Language(s) spoken:
- Copy of current unrestricted NP License or verification **Exp:**
- Copy of National Certification:  Pediatrics  Family Practice **Exp:**
- If not certified:**  
*\*Documentation of 600 hours of onsite supervised primary care experience within the past three years in the pediatric group served. Supervision of the 600 hours **MUST** have been by:*
  - ~ Family Practice Physician, or
  - ~ Pediatric Physician, or
  - ~ Internal Medicine Specialist who serves children 14 years of age and older (if NP is only going to be providing services for children 14 years of age and older)*\*May be an attestation letter signed by the supervising physician or administrator/manager*
- 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](mailto:CHDPRiverside@ruhealth.org)

*Or you may mail to:*

County of Riverside Department of Public Health

CHDP

P.O. Box 7600

Riverside, CA 92513-7600

Kim Saruwatari, M.P.H., Director      Cameron Kaiser, M.D., Public Health Officer

4065 County Circle Drive, Riverside, Ca. 92503 / 951.358.7036 / [www.rivcoph.org](http://www.rivcoph.org)