TTP Provider Profile Information Document

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| --- | --- | --- | --- |
| \*Last Name: | Family Name, Surname | \*First Name: |  |
| Middle Initial: |  | \*Gender: |  Choose an item.  |
| \*Eraider ID: |  | Photo: |  |
| R # |  | Employment Status: | Choose an item.  |
| \*Primary Degree: | Choose an item. | Secondary Degree: | Choose an item. |
| Alternate Languages: | Choose an item. |  |  |
| \*Primary Department: | Choose an item. |
| \* Specialty 1:  | Choose an item. |  |  |
| Specialty 2: | Choose an item. |  |  |
| Specialty 3: | Choose an item. |  |  |
|  |  |  |  |
| \*Practice Location 1: | Choose an item. | \***Clinic:** | Choose an item. |
| Phone: | Auto-populate based on location/clinic selected | Fax: | Auto-populate based on location/clinic selected |
| Practice Location 2: | Choose an item. | **Clinic:** | Choose an item. |
| Phone: | Auto-populate based on location/clinic selected | Fax: | Auto-populate based on location/clinic selected |
| Practice Location 3: | Choose an item. | **Clinic:** | Choose an item. |
| Phone: | Auto-populate based on location/clinic selected | Fax: | Auto-populate based on location/clinic selected |
| Education Information |
| Medical School | School Name | Graduate School: | School Name |
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| Residency: (please include the field your training was in and the full name of the program and school) | All institutions where you have completed residency training. |
| Fellowship:(please include the field your training was in and the full name of the program and school) | All institutions where you have completed fellowship training. |
| Board Certification: | All current/active board certifications. |
| Clinical Expertise:(please include one area of expertise or condition treated per bullet) | General sentence goes here.* List clinical expertise / conditions you currently treat in 3 – 5 bullets
*
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| Reviewed By: |  | Date: | Click here to enter a date |
| Approved By: |  | Date: | Click here to enter a date. |