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 |
|  |  |  | |  |
| 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 | | | |
|  |  | | | |
| Reviewed By: |  | Date: | | Click here to enter a date |
| Approved By: |  | | Date: | Click here to enter a date. |