

| TYPE            | SPECIALTY  |
|-----------------|--|
| 14 – Podiatrist | 140 – Podiatrist   |
|                 | 400 – Screening, Brief Intervention and Referral for Treatment |

**State (FFS) Requirements:**

All specialties- Signed and dated W9. (within 1 year from receipt)

140- Podiatrist License

400- Certificate of Completion

140- Liability Insurance

**MCO Credentialing Requirements:**

All specialties- Copy of Declaration Sheet and/or Certificate of Insurance

All specialties- Section 12 Attestation/ Consent and Release Form

All specialties- Curriculum vitae (Resume)