



# Initial Attestation for HIV Primary Care Providers

HIV PCP Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Clinic Site Name: \_\_\_\_\_

Practice Administrator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The identification of an HIV-qualified practitioner is based on both clinical experience and continuing education in HIV management, particularly in the area of antiretroviral therapy. VNS Health Select Health must ensure that HIV PCP/Specialists are qualified to join our network. The following criteria define an HIV PCP/Specialist:

1. Sees patients at least sixteen (16) hours per week over at least two (2) days at each primary care site.
2. Participates in a practice that provides 24 hour/7 day telephone coverage.
3. Completes ten (10) hours of HIV-related CME within the last twelve (12) months that includes information on the use of antiretroviral therapy in the ambulatory care setting.\*
4. Has provided direct, ongoing care to at least twenty (20) HIV infected patients within the last twelve (12) months\*

\*Practitioners who have maintained a current HIV PCP/Specialist status by AAHIVM, meets the definition of an HIV-experienced provider by HIVMA or is credentialed as an ACRN by HANCB are eligible for designation as an HIV PCP/Specialist provided that they meet conditions 1 and 2 and provide a copy of their certification/recertification.

**SECTION A: TO BE COMPLETED and SIGNED by the HIV PCP**

1. Have you cared for at least twenty (20) HIV infected patients in the past twelve (12) months?  Yes  No
2. Have you completed ten (10) hours of HIV-related CME within the last twelve (12) months that includes information on the use of antiretroviral therapy in the ambulatory care setting?  Yes  No
3. If NO, do you meet the criteria of HIVMA, AAHIVM OR HANCB?  Yes (*attach certificate*)  
 No (Please explain how the criteria will be met by December 31 of this year)

---

---

---

**SECTION B: TO BE COMPLETED BY PRACTICE ADMINISTRATOR or HIV PCP**

**Instructions:** Please specify the Hours of Availability (from – to time) for each site of care where the practitioner sees patients **as an HIV PCP** only.

Office 1 TIN:						
Office Name & Address:						
<i>If &lt;16 Hours, list covering providers</i>						
MON	TUE	WED	THU	FRI	SAT	SUN
Covering Provider(s):						
Are you accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does the site have a provision for 24 hours/7 days per week coverage for urgent care matters? <input type="checkbox"/> Yes <input type="checkbox"/> No						
if No, please explain below:						

Office 2 TIN:						
Office Name & Address:						
<i>If &lt;16 Hours, list covering providers</i>						
MON	TUE	WED	THU	FRI	SAT	SUN
Covering Provider(s):						
Are you accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does the site have a provision for 24 hours/7 days per week coverage for urgent care matters? <input type="checkbox"/> Yes <input type="checkbox"/> No						
if No, please explain below:						

Office 1 TIN:						
Office Name & Address:						
<i>If &lt;16 Hours, list covering providers</i>						
MON	TUE	WED	THU	FRI	SAT	SUN
Covering Provider(s):						
Are you accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does the site have a provision for 24 hours/7 days per week coverage for urgent care matters? <input type="checkbox"/> Yes <input type="checkbox"/> No						
if No, please explain below:						

Office 2 TIN:						
Office Name & Address:						
<i>If &lt;16 Hours, list covering providers</i>						
MON	TUE	WED	THU	FRI	SAT	SUN
Covering Provider(s):						
Are you accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does the site have a provision for 24 hours/7 days per week coverage for urgent care matters? <input type="checkbox"/> Yes <input type="checkbox"/> No						
if No, please explain below:						

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Send Completed form, CME documentation, Current CV/Resume, & HIV certification (if applicable) to:**

Attention: VNS Health Select Health-HIV PCP

Email: [Credentialing@vnshealth.org](mailto:Credentialing@vnshealth.org)