

In preparation for completing your application, you will need to be prepared to provide information for the following items (If applicable). Please know as you complete and save pages, you can exit the application and return to the last saved page:

- National Provider Identifier (NPI) Number
- Medical School Name
 - Degree
 - Year of graduation
- Post Graduate Education/Fellowship
 - Program
 - Address
 - Year Completed
- Board Certification/Recertification
 - Certified By/Year
 - Certificate Number/Year
- Current CA Medical or Dental License
 - Number
 - Degree
 - Drug Enforcement Admin (DEA) Registration Number
- Professional Liability Insurance Carrier
 - Policy Number
 - Expiration Date
 - Policy Limits
 - Address
 - Phone Number
- Professional References (3)
 - Name
 - Relationship
 - Date
 - Address
 - Phone
 - Email
- Attachments
 - CV
 - Photo
- Billing Information
 - Address
 - Credit Card Number
- National Practitioners Data Bank Self-Query
 - Request query at: <https://www.npdb.hrsa.gov/pract/selfQueryBasics.jsp>
 - Send response UNOPENED to Desert Doctors, Inc., 42222 Rancho Las Palmas Unit 1603, Rancho Mirage, CA 92270

