

BHFEC APPLICATION GUIDELINES FOR PSYCHIATRISTS

All required information should be emailed (preferred) or mailed (only if necessary) to:

Genevieve Chaney, Psy.D.
Director, Behavioral Health Forensic Evaluation Center
c/o Executive Offices, PMHCC, Inc
123 S. Broad Street – 23rd Floor
Philadelphia, PA 19109
Phone: 215-686-7523
Fax: 215-686-8835
E-mail: gchaney@pmhcc.org

REQUIRED DOCUMENTATION TO APPLY FOR AN EVALUATOR CONTRACT

- ___ 1. CV with evidence of any specialized forensic training, fellowships if applicable
- ___ 2. A degree in medicine or osteopathy from an accredited school of medicine or osteopathy in the United States of America or a valid doctoral degree from a foreign school of medicine and evidence of successful completion of the ECFMG examination. (original to be viewed)
- ___ 3. A completed psychiatry residency in an ACGME accredited residency program (original to be viewed)
- ___ 4. American Board of Psychiatry and Neurology Certification in Psychiatry (original to be viewed and copy retained)
- ___ 5. American Board of Psychiatry and Neurology Certification in Child and Adolescent Psychiatry (original to be viewed and copy retained)
- ___ 6. Copy of Pennsylvania Medical or Osteopathic License
- ___ 7. Documentation of Health Care privileges
- ___ 8. DEA Registration (original to be copied)
- ___ 9. Copy of current CPR certification
- ___ 10. Current Child Abuse Clearance from State ChildLine and Abuse registry. To obtain a Pennsylvania Child Abuse Clearance go to: <https://www.compass.state.pa.us/cwis/public/home>
- ___ 11. Criminal History Clearance – State To be serviced and paid for by PMHCC (see form)
- ___ 12. Criminal History Clearance - Federal. To be serviced and paid for by PMHCC (see form) (original to be viewed and copied).
- ___ 13. National Practitioner Data Bank (NPDB) – inquiry report to be copied
- ___ 14. Medical Assistance (MA) Provider/Promise# (with a location code for Philadelphia Family Court)
 - For General information on this process go to: <http://www.dhs.pa.gov/provider/providerenrollmentandscreeningrequirementssoftheaffordablecareact/>
 - For questions, you can contact: Provider Enrollment, [800-537-8862](tel:800-537-8862), Monday-Friday 8-4:30.
 - Complete the online application by selecting "New Application": <https://provider.enrollment.dpw.state.pa.us/> You are applying as a Provider Type 31, Individual Enrollment.
 - You must add Philadelphia Family Court as a service location. A Service Location ties your MA # to a particular location where you will see clients. If you plan to use your MA # in any other capacity aside from Family Court, complete section 17 (the corresponding section on the paper application) with your primary office/location address and use Attachment 2 to add Philadelphia Family Court, 1501 Arch Street, 8th Floor- BHS, Philadelphia PA 19102. If you do not have a MA # already, consider where else you may need one and make sure to add all locations where you will be practicing.
 - The Provider Eligibility Program (PEP) is Fee-for-Service
 - For information on enrollment by provider type go to: <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm#.VxUh5NQrLMo>

- For information on enrollment by provider type go to: <http://www.dhs.pa.gov/provider/promise/enrollmentinformation/index.htm#.VxUh5NQrLMo>
 - For the paper application for enrollment for psychiatrists (page 27 lists additional documents that will need to be attached) go to: http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_002225.pdf
 - For the requirements page for the psychiatrist application go to: http://www.dhs.pa.gov/cs/groups/webcontent/documents/form/s_002809.pdf
- __ 15. Copy of Malpractice Insurance with company's name, amount, date, and contract number (\$500,000 per occurrence and \$1,500,000 in the aggregate along with evidence of participation in the PA Medical Care Availability and Reduction of Error (MCARE) fund or \$1,000,000 per occurrence and 3,000,000 aggregate if not approved for MCARE)
- __ 16. Copy of General Liability Insurance* with company's name, amount, date and contract number (\$2,000,000 per occurrence and \$2,000,000 aggregate)
- __ 17. NPI Number. To obtain go to: <https://nppes.cms.hhs.gov/?forward=static.npistart#/>
- __ 18. Philadelphia Business Tax Account Number. There are two steps, both of which can be done online at no cost:
- First, register for a Tax #: <https://beta.phila.gov/services/business-self-employment/register-a-business/>
 - Second, obtain a Commercial Business License: <https://beta.phila.gov/services/business-self-employment/get-a-commercial-activity-license/>
- __ 19. Act 31 Child Abuse Training Certificate
- __ 20. Copy of two (2) redacted evaluations as samples of expertise

**Only if evaluations to be conducted on off-site property.*

BEHAVIORAL HEALTH FORENSIC EVALUATION CENTER

at the Family Court of the City of Philadelphia

1501 Arch Street, 8th Floor ♦ Philadelphia, PA 19102 ♦ tel: (215) 686-8812 ♦ fax: (215) 686-8835

DOCUMENTATION OF PSYCHIATRIST HEALTH CARE PRIVILEGES

Name: _____

1. Please list all health care settings wherein privileges have been granted:

2. Have your clinical privileges ever been denied / revoked terminated in healthcare setting?

Circle: **YES** **NO**

3. If you answered **Yes** to #2 please provide an explanation including location, date(s) and reason:

Signature: _____ **Date:** _____

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME

NAM

FIRST NAME

MIDDLE NAME

FBI

LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH

Month Day

DOB

Year

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH

POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

Address

Phone

1. R. THUMB

2. R. INDEX

6. L. THUMB

7. L. INDEX

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

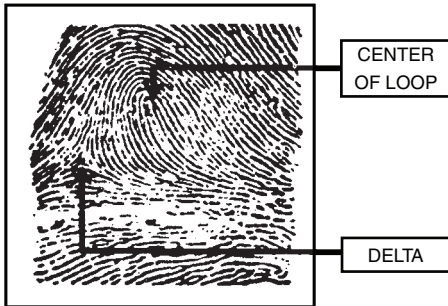
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

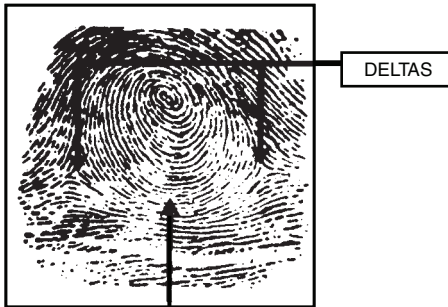
1110-0046

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. **Ensure all information is typed or legibly printed using blue or black ink.**

Ensure data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
1-888-QUERYPA (1-888-783-7972)**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 DO NOT SEND CASH OR PERSONAL CHECK
<p align="center">CHECK ONE BLOCK</p> <input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$22.00, PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA” THE FEE IS NONREFUNDABLE <input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$27.00, PAYABLE TO: “COMMONWEALTH OF PENNSYLVANIA” THE FEE IS NONREFUNDABLE <input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

FEEES FOR REQUESTS - \$22.00. NOTARIZED FEE REQUESTS - \$27.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****

REASON FOR REQUEST

◀◀◀◀◀CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

- INTERNATIONAL ADOPTION** - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$27.00 FOR REQUEST)
- ADOPTION (DOMESTIC)** **EMPLOYMENT** **VISA** **OTHER**

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.