



# Carolinas HealthCare System

New Provider Information Form (PIF)  
Non-Employed

Date of Submission  Physician  Allied Health Professional

## Provider Information

<b>Full Legal Name:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>Title:</b>	SSN:	DOB:	NPI:
Current Address:			City, State, Zip:		
Phone:	Alternate Phone:		Preferred Email: Alternate Email:		
<b>Practicing</b> Specialty:					

## Practice Information

Primary Practice:		
Practice Address		City, State, Zip:
Practice Phone:	Secure Fax:	<b>Clinical Start Date:</b>
Practice Manager/Contact:		Phone:                      Email:

## Privilege Information

### Primary Privileges location (if more than one location checked):

**Anticipated Start Date:**      -- **Canopy Date:**      **Course Type: ENPA1 and ENPA2**

**Indicate if Emergency Medicine Provider (includes Behavioral Health ED providers) – register for E-FNPI only**

Indicate status following Canopy training completion:  Activate       Deactivate

Privilege Locations\* (**CMC Metro**):  CMC/Mercy (indicate if:  CMC-Randolph and/or  CMC-Davidson)  Pineville  University  
 Union  CMC Lincoln  Carolinas Rehab  Carolinas Rehab-Mt. Holly  Carolinas Rehab – NorthEast  CMC NorthEast

Cleveland Regional  Kings Mountain  Columbus  Stanly  Anson

CMC SouthPark ED  CMC Harrisburg ED  CMC Huntersville ED  CMC Kannapolis ED  CMC Steele Creek ED  
 CMC Waxhaw ED

Valdese Hospital  CMC Morganton/Grace

**Telemedicine**  Mercy  Pineville  University  Union  Lincoln  Cleveland  Kings Mountain  Stanly  Anson  Wilkes  
**Other Telemedicine locations**  CMC NorthEast  Columbus

## Training Status (PHYSICIAN ONLY)

<input type="checkbox"/> From Residency/Fellowship	Date Program Ends:	<input type="checkbox"/> current CHS or NE resident/fellow <input type="checkbox"/> Other
<input type="checkbox"/> <b>Incoming Fellow</b>	Fellowship type:	<input type="checkbox"/> <b>J1-Visa Sponsored or H1B Visa</b>
<input type="checkbox"/> Established Physician	Years of Experience:	Graduate Type <input type="checkbox"/> AMG <input type="checkbox"/> IMG

## Additional Comments

<b>Notes/Comments:</b> NC State Medical License: Sponsoring Physician (for ACPs only):	<b>License – SC:</b> <b>DEA – NC:</b> <b>DEA – SC:</b> <b>Taxonomy:</b>
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Please complete electronically and forward the completed PIF along with the provider's current CV to [MSSproviderREQ@carolinashealthcare.org](mailto:MSSproviderREQ@carolinashealthcare.org)