

AADB CLEARINGHOUSE CONTRACT

The AADB Clearinghouse for Board Actions has opened its data base to provide confidential verification of practitioner credentials for legitimate practice related purposes. In order to expedite review of your request for enrollment, please answer the questions on this form and return it to the AADB. We will review the Application and will contact you if there are any additional questions or will forward our contract for signature. If you have questions, you may contact Molly Nadler at the AADB (312) 440-7464.

1. Name and address of company

2. Provide the following information on the Applicant's contact personnel:

Name _____
Title _____
Department _____
Telephone _____
Fax _____

3. State the reason or purpose for which you will be requesting searches from the Clearinghouse.

4. What is the nature of your business? Select one or more as applicable.

- Hospital, clinic, medical/dental center credentialing for its own use
- HMO, PPO, or other managed care company, credentialing for its own use.
- Credentialing service or agency, credentialing for other entities or clients.
- IPA, or other organization
- Home office screening for regional offices
- Government agency
- Placement service
- Medical/Dental group
- Dental Society
- University
- Insurance company

5. Is your organization for profit ____, charitable ____, not-for-profit _____. (Check one.)

6. Does your organization maintain a file of authorizations and releases from dental practitioners, i.e., dentists, dental hygienists, and dental assistants, to support requests for credential verification? If your answer is yes, state the length of time your organization maintains said records.

7. Will your organization be using *on-line searches* or *manual searches*? Please circle.

8. Does your company operate in more than one state? If your answer is yes, list the states of operation.

9. Will your organization be originating requests from more than one office or site? If your answer is yes, identify how many sites and the states in which the sites are located.

10. Will your organization be a direct user of the credential search information, or will it be acting in behalf of client organizations? If the latter, please explain and attach a list of all clients by name and address.

11. Please attach a copy of the form of document you use as a practitioner authorization and release.

Applicant: _____ Dated: _____
(Signature)

(Address)

PLEASE RETURN THIS APPLICATION TO:

American Association of Dental Boards
211 East Chicago Avenue, Suite 760
Chicago, IL 60611
312/440-3525 (Fax)