

HIV-Experienced Provider Attestation Form

I attest that I am an HIV-experienced provider based on the following definition:

1. A medical doctor, nurse practitioner or physician assistant providing ongoing direct clinical ambulatory care to at least 20 HIV-Infected persons who are being treated with antiretroviral therapy in the preceding 12 months, or
2. A practitioner who has met the criteria of one of the following accrediting bodies:
 - The HIV Medicine Association (HIVMAQ) definition of an HIV-experienced provider
 - HIV specialist status accorded by the American Academy of HIV Medicine (AAHIVM)
 - Advanced AIDS Credited Registered Nurse Credential given by the HIV/AIDS Nursing Certification Board (HANCNB)

List all HIV-experienced providers in your practice: Print

Name:

Signature:

NPI:

Name:

Signature:

NPI:

Name:

Signature:

NPI:

Name:

Signature:

NPI:

***Please complete and send to Monroe Plan for Medical Care by Fax 716-748-6987 or
email PFMemails@monroeplan.com.***