COMMUNITY HEALTH CHOICE

ALLERGY SKIN TESTING AND ALLERGY THERAPY ASSESSMENT TOOL

In accordance with Community Health Choice's Credentialing policy, physicians who perform allergy testing and immunotherapy services must meet all requirements noted below.

Non-physicians, such as physician assistants, nurse practitioners, registered nurses and allied health professionals are not eligible for allergy skin testing and allergy therapy credentialing.

Provider Name: _____

Provider NPI: _____ **TIN:** _____

Practice Address #1: _____

Practice Address #2: _____

Practice Address #3: _____

REQUIREMENT	YES	NO
Written emergency protocol (copy of protocol required)	☐	☐
Emergency equipment Type: _____ Type: _____ Type: _____	☐	☐
ACLS (copy of certificate required)	☐	☐
PALS (copy of certificate required)	☐	☐
Proof of training that meets the Accreditation Council for Graduate Medical Education (ACGME) required competencies and proficiencies for allergy testing and immunotherapy comparable to that received in a full training program. • **This includes obtaining supervised hands on training with the following minimum number of patients needed to have been treated in the following specific areas** (copy of training log required): ➢ Immediate hypersensitivity skin testing: 30 ➢ Writing allergen immunotherapy prescriptions: 10 ➢ Food Challenge Testing: 5	☐	☐

COMMUNITY HEALTH CHOICE

Provider Signature: _____ **Date:** _____

Please return this form and requested documentation to:

Community Health Choice - Provider Relations
Fax 713-295-7039
ProviderRelationsInquiries@CommunityHealthChoice.org

FOR OFFICIAL USE ONLY: ☐ **Approved** ☐ **Denied**

Date Received by Credentialing Dept.: _____

Medical Director Signature: _____ Date: _____

Cactus Database Updated: _____Ticket# _____