INSTRUCTIONS
DHS 1139A (Rev. 08/10)
PSYCHIATRY/PSYCHOLOGY CREDENTIALING ATTACHMENT

PURPOSE:
Form DHS 1139A shall be used by health care providers who have specialties of psychiatry/psychology. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:
1. Name: Self-explanatory
2. Business Address: Self-explanatory
3. Place of Birth/Birth date: Self-explanatory
4. Hawaii Resident: Self-explanatory
5. Confirmation of Certification & Licensing: Self-explanatory
   • If yes then provide State of Certification
6. Denial of Certification & licensing: Self-explanatory
   • If yes then list State of denial
7. Suspension or Revoked License: Self-explanatory
   • If yes attach statement
8. Education: Self-explanatory
9. Experience: Self-explanatory
10. Do you hold an American Board Certification for your specialty?: Self-explanatory
    • If yes provide date of certification
11. Are you an A. P. A. Member?: Self-explanatory
    • If yes what type of membership?
12. Hospital privileges? Self-explanatory
13. Affiliation with any clinic? Self-explanatory