

Required and Optional Licenses, Certificates and Documents by Provider Type

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
ACUPUNCTURIST	C1	<ul style="list-style-type: none"> • HI BOARD OF ACUPUNCTURE 	NONE	<ul style="list-style-type: none"> • HI BOARD OF ACUPUNCTURE • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE • CMS APPROVAL LETTER • W9-TAX FORM [Optional for Rendering/Service Only Providers]
ADULT DAY HEALTH	27	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • HI BOARD OF NURSING • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • HI BOARD OF NURSING • PROFESSIONAL LIABILITY

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
ADULT FOSTER CARE (CCFFH & Individual E-ARCH)	50	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY • C.N.A. LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE • NURSE AID LICENSE/CERTIFICATE • W9-TAX FORM 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY • C.N.A. LICENSE/CERTIFICATE
AMBULATORY SURGICAL CENTER	43	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • GENERAL EXCISE TAX LICENSE
ASSISTED LIVING CENTER-UNITS ONLY	<p>Med-QUEST does not use this provider type.</p> <p>If you are an E-ARCH provider, you will enroll as Adult Foster Care if you are an individual or as Assisted Living Home/HCBS if you are an agency/facility.</p>				

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
ASSISTED LIVING HOME/HCBS (Used for E-ARCH Agencies/Facilities only)	36	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORKERS • C.N.A. License/Certificate 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORKERS • CMS APPROVAL LETTER • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE • C.N.A. License/Certificate
AUDIOLOGIST	62	<ul style="list-style-type: none"> • HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
BEHAVIORAL/ MENTAL HEALTH COUNSELOR	51	<ul style="list-style-type: none"> • HI BOARD OF MENTAL HEALTH COUNSELOR 	NONE	<ul style="list-style-type: none"> • HI BOARD OF MENTAL HEALTH COUNSELOR • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
BOARD CERTIFIED BEHAVIOR ANALYST	BC	<ul style="list-style-type: none"> • HI BOARD OF BEHAVIOR ANALYST 	NONE	<ul style="list-style-type: none"> • HI BOARD OF BEHAVIOR ANALYST • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
BOARDING HOME	56	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
CASE MANAGEMENT SERVICES	34	<ul style="list-style-type: none"> • H&CB CASE MANAGEMENT AGENCY • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • PROFESSIONAL LIABILITY • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORKERS 	<ul style="list-style-type: none"> • H&CB CASE MANAGEMENT AGENCY • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORKERS • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
CERTIFIED MARRIAGE/FAMILY THERAPIST (CMFT)	86	<ul style="list-style-type: none"> • HI BOARD OF MARRIAGE AND FAMILY THERAPISTS PROGRAM 	NONE	<ul style="list-style-type: none"> • HI BOARD OF MARRIAGE AND FAMILY THERAPISTS PROGRAM • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
CERTIFIED NURSE-MIDWIFE	<p>Medicaid only enrolls Certified Nurse-Midwives with an APRN license.</p> <p>The provider type to select in HOKU is 'Registered Nurse Practitioner' with a specialty of RN Midwife when starting a new application.</p>				
CERTIFIED REGISTERED NURSE ANESTHETIST	<p>Medicaid does not cover Certified Registered Nurse Anesthetist. This provider type will only qualify for Medicare crossovers and a CMS Medicare number is required.</p> <p>The provider type to select in HOKU is 'QMB Only' when starting a new application.</p>				

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
CHIROPRACTOR	16	<ul style="list-style-type: none"> • HI BOARD OF CHIROPRACTIC EXAMINERS 	NONE	<ul style="list-style-type: none"> • HI BOARD OF CHIROPRACTIC EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
CLINIC	05	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • DRUG ENFORCEMENT AGENCY • HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • DRUG ENFORCEMENT AGENCY • GENERAL EXCISE TAX LICENSE • HI BOARD OF PHARMACY

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
COMMUNITY/ RURAL HEALTH CENTER	29	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF PHARMACY • GENERAL EXCISE TAX LICENSE
COMMUNITY SERVICE AGENCY	A3	NONE	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • AUTOMOBILE LIABILITY • H&CB CASE MANAGEMENT AGENCY • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORK 	<ul style="list-style-type: none"> • W9-TAX FORM • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • AUTOMOBILE LIABILITY • H&CB CASE MANAGEMENT AGENCY • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORK • GENERAL EXCISE TAX

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DD/ID	H1	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • HI BOARD OF NURSING (RN or APRN) 	<ul style="list-style-type: none"> • DD/ID APPROVAL LETTER with RATE SCHEDULE • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • COMMERCIAL GENERAL LIABILITY • W9-TAX FORM 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • C.N.A. LICENSE • HI BOARD OF NURSING (RN or APRN) • NURSE AIDE LICENSE/CERTIFICATE • GENERAL EXCISE TAX LICENSE
DENTIST	07	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT ATTACHMENT – APPENDIX K • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DENTIST - ENDODONTIST	D1	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) (CLIA • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINER 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • CERTIFICATE OF ENDODONTICS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DENTIST - ORAL SURGEON	D3	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • CERTIFICATE OF ORAL SURGERY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DENTIST - PEDODONTIST	D2	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINE 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • CERTIFICATE OF PEDIATRIC DENTISTRY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
DETOX CENTER	64	NONE	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DHS MHS PROVIDER	80	NONE	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF PSYCH • HI BOARD OF SOCIAL WORKERS • MENTAL HEALTH COUNSELOR 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF PSYCH • HI BOARD OF SOCIAL WORKERS • MENTAL HEALTH COUNSELOR
DIALYSIS CLINIC	41	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • CMS APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DME SUPPLIER	30	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • AUTOMOBILE LIABILITY • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF PHARMACY • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DO-PHYSICIAN OSTEOPATH	31	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • BOARD CERTIFICATION • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • CURRICULUM VITAE • EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT ATTACHMENT – DHS 1139 APPENDIX K • PSYCHIATRY/ PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
DRUG AND ALCOHOL REHAB	63	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	NONE	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
EMERGENCY TRANSPORTATION	06	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM • FEDERAL AVIATION ADMINISTRATION LICENSE [For Air Transportation] • AMBULANCE SERVICE LICENSE [For Ground Transportation] 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE • PUC LICENSE
EVS/NON-SERVICE PROVIDER (MCO and MQD Contractors)	99	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	C2	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HEALTH RESOURCES & SERVICES ADMINISTRATION/NOTICE OF GRANT AWARD • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • GENERAL EXCISE TAX LICENSE
GROUP-BILLER PAYMENT ID	01	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
HOME DELIVERED MEALS	70	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • PROFESSIONAL LIABILITY • AUTOMOBILE LIABILITY • GENERAL EXCISE TAX LICENSE
HOME HEALTH AGENCY	23	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • H&CB CASE MANAGEMENT AGENCY • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY • HOME HEALTH SERVICES ATTACHMENT – DHS 1139 APPENDIX N • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HI BOARD OF NURSING • H&CB CASE MANAGEMENT AGENCY • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
HOSPICE	35	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • CMS APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
HOSPITAL	02	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE CMS APPROVAL LETTER ACUTE HOSPITAL FORM ATTACHMENT – DHS 1139 APPENDIX O GENERAL EXCISE TAX LICENSE W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) HCFA HI STATE SURVEY AGENCY LETTER DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY
HOTELS	55	NONE	NONE	<ul style="list-style-type: none"> FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE
INTERPRETER SERVICES	95	NONE	NONE	<ul style="list-style-type: none"> W9-TAX FORM 	<ul style="list-style-type: none"> GENERAL EXCISE TAX LICENSE
LABORATORY	04	<ul style="list-style-type: none"> CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	NONE	<ul style="list-style-type: none"> CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) W9-TAX FORM 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MASSAGE THERAPIST	21	<ul style="list-style-type: none"> • HI BOARD OF MASSAGE THERAPY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF MASSAGE THERAPY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MD-PHYSICIAN	08	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • BOARD CERTIFICATION (REQUIRED IF ADDING A SPECIALTY) • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF DENTAL EXAMINERS • PSYCHIATRY/ PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT – APPENDIX K • CURRICULUM VITAE • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MENTAL HEALTH CLINIC	52	NONE	NONE	<ul style="list-style-type: none"> W9-TAX FORM 	<ul style="list-style-type: none"> GENERAL EXCISE TAX LICENSE
MENTAL HEALTH REHABILITATION	77	NONE	NONE	<ul style="list-style-type: none"> MRO APPROVAL LETTER W9-TAX FORM 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE
MHS SOCIAL WORKER (LICENSED CLINICAL SOCIAL WORKER)	75	<ul style="list-style-type: none"> HI BOARD OF SOCIAL WORKERS (LCSW) 	NONE	<ul style="list-style-type: none"> HI BOARD OF SOCIAL WORKERS (LCSW) IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE W9-TAX FORM [Optional for Rendering/Service Only Providers]
NON-EMERGENCY TRANSPORTATION PROVIDERS	28	<ul style="list-style-type: none"> AUTOMOBILE LIABILITY PUBLIC UTILITIES COMMISSION LICENSE (FOR OAHU PROVIDERS) 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> AUTOMOBILE LIABILITY PUBLIC UTILITIES COMMISSION LICENSE (FOR OAHU PROVIDERS) NON-EMERGENCY GROUND TRANSPORTATION-TAXI CABS ATTACHMENT – DHS 1139 APPENDIX M FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
NURSE (PRIVATE-RN/LPN)	46	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • W9-TAX FORM • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HI BOARD OF NURSING • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
NURSING HOME	22	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • HI BOARD OF PHARMACY • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • NURSING FACILITY FORM ATTACHMENT – DHS 1139 APPENDIX P • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • HI BOARD OF PHARMACY • PROFESSIONAL LIABILITY • INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED/INTELLECTUALLY DISABLED INDIVIDUALS (ICF-DD/ID) ATTACHMENT – DHS 1139 APPENDIX Q • GENERAL EXCISE TAX LICENSE
NUTRITIONIST	MQD does not enroll Nutritionists.				

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
OCCUPATIONAL THERAPIST	13	<ul style="list-style-type: none"> • HI BOARD OF OCCUPATIONAL THERAPY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF OCCUPATIONAL THERAPY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
OPTOMETRIST	69	<ul style="list-style-type: none"> • HI BOARD OF EXAMINERS IN OPTOMETRY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF EXAMINERS IN OPTOMETRY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
OUT OF STATE	Z1	OUT OF STATE LICENSE	DRUG ENFORCEMENT AGENCY	OUT OF STATE LICENSE	<ul style="list-style-type: none"> • DRUG ENFORCEMENT AGENCY • OUT OF STATE LICENSE • CMS APPROVAL LETTER • COMMERCIAL GENERAL LIABILITY • CURRICULUM VITAE • PSYCHIATRY/ PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • HI BOARD OF PHARMACY • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • ACUTE HOSPITAL ATTACHMENT – DHS 1139 APPENDIX O

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
OUT OF STATE-continued	Z1	OUT OF STATE LICENSE	DRUG ENFORCEMENT AGENCY	OUT OF STATE LICENSE	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • FEDERAL AVIATION ADMINISTRATION LICENSE • AMBULANCE SERVICE LICENSE • W9-TAX FORM
OUT OF STATE DME PROVIDER	OD	DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE	COMMERCIAL GENERAL LIABILITY	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • CMS APPROVAL LETTER • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PERSONAL CARE ATTENDANT	24	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
PHARMACY	03	<ul style="list-style-type: none"> • HI BOARD OF PHARMACY (PHY for In State, PMP for Out of State) 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • HI BOARD OF PHARMACY (PHY for In State, PMP for Out of State) • W9-TAX FORM • NCPDP 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • COMMERCIAL GENERAL LIABILITY • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • GENERAL EXCISE TAX LICENSE
PHYSICAL THERAPIST	14	<ul style="list-style-type: none"> • HI BOARD OF PHYSICAL THERAPY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF PHYSICAL THERAPY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PHYSICIANS ASSISTANT	<p>Medicaid does not cover Physician Assistant. This provider type will only qualify for Medicare crossovers and a CMS Medicare number is required.</p> <p>The provider type to select in HOKU is 'QMB Only' when starting a new application.</p>				
PODIATRIST	10	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PSYCHOLOGIST	11	<ul style="list-style-type: none"> • HI BOARD OF PSYCHOLOGY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF PSYCHOLOGY • PSYCHIATRY/PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • CURRICULUM VITAE • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
QMB ONLY PROVIDER	90	NONE	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF NURSING (Required for non-Rx APRN or RN) • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • HI DCCA License (for practicing non-Rx APRN or RN and Physician Assistants) • W9-TAX FORM [Required for Facilities, Agencies or Organizations and Individual Sole Proprietors] • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS (Required for (Physicians Assistant • HI BOARD OF NURSING • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
REGISTERED DIETICIAN	47	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER COMMERCIAL GENERAL LIABILITY PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE W9-TAX FORM
REGISTERED NURSE PRACTITIONER (APRN)	19	<ul style="list-style-type: none"> HI BOARD OF NURSING 	<ul style="list-style-type: none"> DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> HI BOARD OF NURSING IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT ATTACHMENT – DHS 1139 APPENDIX K GENERAL EXCISE TAX LICENSE W9-TAX FORM [Optional for Rendering/Servicing Only Providers]

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
RESIDENTIAL TREATMENT FACILITY	57	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	NONE	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE
RESPIRE (ADULT DAY CARE)	A7	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY HI BOARD OF NURSING PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY HI BOARD OF NURSING PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE
SPECIALIZED SERVICES	S1	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY 	NONE	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY DD/ID APPROVAL LETTER FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
SPEECH/HEARING THERAPIST	15	<ul style="list-style-type: none"> • HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
VISION CENTER	79	<ul style="list-style-type: none"> • HI BOARD OF DISPENSING OPTICIANS 	NONE	<ul style="list-style-type: none"> • HI BOARD OF DISPENSING OPTICIANS • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

*If an 'Optional' License or Certificate is inputted in HOKU or included with the DHS 1139 Form, a copy of that License or Certificate will become a 'Required' document to upload in HOKU or attach with the DHS 1139 Form.