



# Christian Science Provider Network

## Christian Science Nursing Facility Application

Please answer all questions completely in order for your application to be processed.

<b>Contact Information:</b>	
Legal name of facility	
Address (street, city, state, zip)	
Phone	
Fax	
E-Mail address	
Tax ID	
Name of facility Director	
NPI number	
Medicare number	
Office hours & provision for after-hour care	
Taxonomy code	For a Christian Science nursing facility: Religious Nonmedical Healthcare Institution 282300000X

<b>Please answer the following questions:</b>	<b>Yes</b>	<b>No</b>
1. Is the institution currently accredited by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc.?		
2. Has the institution been functioning for a minimum of 5 years?		
3. Does the institution carry \$1,000,000/\$3,000,000 liability insurance?		
4. Has the institution ever been investigated for non-compliance with state or OSHA laws, Medicare regulations, or patient protection laws?		
5. Has the institution ever been investigated for non-compliance with laws governing fire, safety, or sanitation?		
6. Have there been any professional liability or negligence claims against the institution or any of its employees?		
7. Has the institution ever received formal complaints regarding the quality of care?		

8. Are <i>Journal</i> -listed Christian Science nurses available 24 hours a day to provide direct supervision?		
9. Does your facility have Christian Science visiting nurses?		

If the answer to any of questions 4 - 7 is yes or if the answer to question 8 is no, please explain the details on a separate sheet. If your answer to question 9 is yes, provide proof of completed criminal background check for each visiting Christian Science nurse. A criminal background check is also required for any Christian Science student or training nurse, as well as any other representative of the Christian Science Nursing Facility that visits a patient in their home.

<b>References:</b>	
<b>Quality of Care – Please give the names of two <i>Journal</i>-listed Christian Science nurses who can comment on the quality of care at the facility. Reference should not be an immediate family member -- spouse, child, father, mother, brother, sister or immediate in-law or step relative of anyone affiliated with the facility:</b>	
Name	
Address	
Telephone	
Email address	

Name	
Address	
Telephone	
Email address	

<b>Christian Science nursing facilities must submit the following with their application:</b>
<p><b>A. Liability insurance certificate coverage (copy of ‘Insurance Certificate’ required)</b></p> <p><b>B. Evidence of accreditation by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc.</b></p> <p><b>C. NPI number</b></p> <p><b>D. Medicare number</b></p> <p><b>E. Criminal background checks for Christian Science nurses who provide in home Christian Science nursing services</b></p>

**Credentialing will verify the following information from primary sources:**

- A. National Plan and Provider Enumeration System**
- B. Accreditation**

**Attestation:**

**I certify that all information submitted is accurate and true to the best of my knowledge. Furthermore, I authorize NETWORK to collect any information necessary to complete the credentialing process:**

Legal Name (printed)	
Signature	
Position	
Date	