

**APPENDIX C**  
**HEALTH CENTER**  
**MEDICAL/CLINICAL STAFF REPORT**

(Required from subcontractors annually before commencement of contracted patient services)

**SUBCONTRACTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Complete one line for each physician, mid-level clinician, registered nurse, license practical nurse, and certified nursing assistant that will be involved in the provision of healthcare to patients. Group entries by category, e.g., physician, mid-level clinician, etc. List appropriate title, e.g., OB/GYN physician, CRNP, PA, etc.

<b>Position/Title</b>	<b>Staff Person Name</b>	<b>License Expiration Date</b>	<b>Appointment Certification Expiration Date</b>	<b>Credentialing/ Appointment/ Re-appmt Date (as applicable)</b>