



PPEC Bi-ennial Renewal Data Sheet

Prescribed Pediatric Extended Care: Answer where applicable and write legibly.

County: _____
Name of Clinic: _____ License # _____
DBA: if applicable: _____
Full Address: _____
EIN: _____ NPI: _____
Medicaid Number, if applicable: _____ / Medicaid waiver: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____
Hours of Operation: _____ to _____ Days of Week: _____ to _____

Management Company: Yes No?

Medical Director: _____ Lic# _____
Medical Director's social security number: _____ DOB: _____
Full Address: _____
Telephone Number: _____ Email: _____

Administrator: _____ Cell: _____
Full Address: _____
Email Address: _____
Administrator social security number: _____ DOB: _____

Chief Financial Officer: _____ Telephone: _____
Email: _____ DOB: _____

OWNERSHP

Owner #1: Full Name: _____ %: _____
Owner #2: Full Name: _____ %: _____
Owner #3: Full Name: _____ %: _____
Owner #4: Full Name: _____ %: _____

BOARD MEMBERS

BM #1: Full Name: _____ Telephone: _____
BM #2: Full Name: _____ Telephone: _____
BM #3: Full Name: _____ Telephone: _____
BM #4: Full Name: _____ Telephone: _____