



FACILITY ROSTER – FQHC (CENTROS 330)

I, (print FQHC Administrator’s name) _____, administrator for the FQHC (print name) _____, certify that all the providers listed below are members under contract of this Federally Qualified Health Center (FQHC), and practice predominantly in an FQHC during any 6-month period during the prior calendar year or the 12-month period preceding the attestation date. All providers listed below must have had at least one Medicaid encounter (needy individual) with this FQHC during the UDS reporting year. Providers authorized to use the EHR installed at this facility will have a check-mark under the column “Authorized to use EHR”.

Administrator’s Signature: _____

Date: _____

Administrator’s Phone: _____

Group NPI: _____

CEHRT Name: _____

Group TIN: _____

CEHRT ONC EHR # _____

List of Providers under contract in the FQHC						
First Name	Last Name	NPI	Specialty	Date joined the FQHC	License #	Authorized to use the EHR (Y/N)



PROMOTING INTEROPERABILITY PROGRAM

List of Providers under contract in the FQHC						
First Name	Last Name	NPI	Specialty	Date joined the FQHC	License #	Authorized to use the EHR (Y/N)

For more information, visit the Puerto Rico State Level Registry (SLR) webpage at <http://pr.aincentive.com>, call 787-474-3300 or send your inquiries to mppipr@asespr.org