



August 2023

Hello Potential Desert Doctors Provider Member:

In preparation for completing your application for membership, you will need to be prepared to provide information about your education, licensure, malpractice and a few other items we've outlined below (if applicable).

Please know as you complete the application and save pages, you may exit the application/system and return later to complete your saved application. Here is a list of supporting documents we will ask for when you submit your application:

- ✓ National Provider Identifier (NPI) Number
- ✓ Medical School Name Degree Year of graduation
- ✓ Post Graduate Education/Fellowship Program Address Year Completed
- ✓ Board Certification/Recertification Certified By/Year Certificate Number/Year
- ✓ Current CA Medical or Dental License Number Degree Drug Enforcement Admin (DEA) Registration Number
- ✓ Professional Liability Insurance Carrier Policy Number Expiration Date Policy Limits Address Phone Number
- ✓ Professional References (3) Name Relationship Date Address Phone Email
- ✓ CV
- ✓ Photo
- ✓ Credit Card Number - Billing Information Address
- ✓ National Practitioners Data Bank Self-Query Request query at:
<https://www.npdb.hrsa.gov/pract/selfQueryBasics.jsp>

We ask that when submitting the NPDB document you send via email or send printed report UNOPENED to: Desert Doctors, Inc., 42222 Rancho Las Palmas Unit 1603, Rancho Mirage, CA 92270

Please reach out to us with any questions about the application or how to become a member!

We look forward to talking with you,

Board of Directors
Desert Doctors, Inc.