



Network Application Enrollment Request

This Open Enrollment is for Psychologists and Licensed Psychological Associates only.

Please complete all fields in this form before submitting.

PSYCHOLOGIST INFORMATION

Name: _____

Credentials: _____

Address: _____

County: _____

Phone: _____

Email: _____

NPI #: _____

Registered w/ NC Tracks: **Yes** **No**

NC Tracks registration is required prior to final approval

License #: _____

Specialization(s): _____

SELECT AREA(S) OF INTEREST	SERVICE(S) OPEN FOR ENROLLMENT	SERVICE CODE
	Psychological Testing- IDD/MH	96101
	Development Testing (limited)	96110
	Development Testing (extended)	96111
	Neurobehavioral Status Exam	96116
	Neuropsychological Testing	96118
	Specialized Consultative Services	T2025
	Level Of Care Assessments	Enhanced

In order to submit this form, please email an electronic copy to NetworkDevelopment@TrilliumNC.org

