

AAAASF/RA
7500 Grand Ave, Suite 200
Gurnee, IL 60031

CURRENT STAFF IDENTIFICATION FORM

Please list all practitioners in the Clinic (Full Time/Part Time/PRN)

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Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
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State Medical License #	Hrs/Week

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