

Education Request Form

The Palmetto GBA Provider Outreach and Education (POE) team offers many educational opportunities tailored to meet the needs of the health care providers we support

Please note This form is for education requests only

Provider Information

Provider Name / Physician Group or Association Name*

Provider Jurisdiction*

Provider Number (PTAN) if applicable*

NPI*

Nominee Address*

Provider Type/Specialty*

Requested Topics (please explain request in detail)*

Contact Information

Contact Name*

Email Address

Phone Number

() -

Fax Number

() -

CERT Contact Name*

CERT Phone Number

() -

Meeting Information

Method of Training*

- Web Based Training
 Teleconference

Number of Attendees*

Requested a Date & Time

Date*

/ /

Start Time*

End Time*

Alternate Date & Time

Date*

/ /

Start Time*

End Time*

Attendee Disciplines (check all that apply)*

- Biller Office Manager Physicians Other (Please Explain)

SUBMIT FORM

or email this completed form to
POE.Referrals@palmettogba.com.