



Required Information for Enrollment as a CSHCN Services Program Stem Cell Transplant Facility

CSHCN Services Program Stem Cell Transplant Facility Enrollment Requirement

This facility is compliant with all of the criteria specified in the most current “Guidelines for Clinical Centers” of the American Society for Blood and Marrow Transplantation (ASBMT).

Hospital Administrator: _____ Date: _____

Texas Provider Identifier (TPI): _____

National Provider Identifier (NPI)/Atypical Provider Identifier (API): _____

Please list the information for your contact person(s) below:				
Name	Physical Address	Accounting/Billing Address	Telephone Number	Email Address