



TEMPORARY BOARD CERTIFICATION WAIVER for PPO TRUST AGREEMENT

**LIMITED for up to a 6 year period (based on your primary specialty)
immediately following completion of an approved training Residency/Fellowship program**

I understand that:

1. Receipt of Board Certification by a Blue Cross Blue Shield of Michigan (BCBSM) recognized organization* is a quality requirement necessary to participate in the PPO network; and that,
2. BCBSM will waive this requirement for the four-year to six-year period, applicable to my specialty, in which I am now eligible.

I agree that I will become board certified within four to six years from the completion of an approved training program. If for some reason I fail to receive this certification at the completion of the applicable time period, I agree that:

1. I have not complied with the requirement for participation;
2. I will withdraw my application and accept termination of my conditional TRUST network affiliation; and
3. I will not request any type of internal reconsideration or appeal or file any claim in an external forum, including but not limited to a court of law, challenging BCBSM's decision to terminate my conditional acceptance.

I also understand that I may reapply for affiliation after completing this requirement.

Practitioner Name: _____ PIN: _____
(Please Print)

Practitioner Signature: _____ Date: _____

***BCBSM recognized organizations:**

MDs – American Board of Medical Specialties (ABMS)

DOs – American Osteopathic Association

DPMs – American Board of Podiatric Surgery (ABPS) or American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)

DDS/DMD (Oral Surgeons only) - American Board of Oral Maxillofacial Surgery (ABOMS)

Please mail or fax this form together with the other required credentialing documents

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.