



## Credentialing Application Checklist - Practitioner

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**YOU MUST INCLUDE THE FOLLOWING WITH THE COMPLETED**

### **Provider Data Form/CAQH APPLICATION**

**(Please use this checklist as a guide)**

- Complete Practitioner Application with Attestation and Authorization and Release signed and dated within 120 days of submission for enrollment, to include:
- Proof of highest level of education/training – including dates and program institution detail
- Any gaps of time six (6) months or greater from professional school/training to the present date must be documented
- History of malpractice claims paid (past 5 years)
- Hospital Admitting Privileges or alternate Admitting Arrangements (Name of MD/Covering Provider who admits on behalf of the practitioner and at what hospital location. If none, what is the Practitioner's emergency protocol? For example: Send patients to ER. Call 911)
- Nurse Practitioners or Physician Assistants must include a copy of Supervising Agreement/Collaborative Protocols (as applicable per State Supervision Requirement)
- Copy of Current DEA Registration (if applicable), and Copy of State Controlled Substance Certificate (if applicable)
- Attestation of current Professional liability coverage or copy of Declaration Page of Professional Liability Policy
- Copy of ECFMG Certificate (if applicable)
- CLIA Certificate (if applicable)
- W-9 Form
- Disclosure of Ownership (as applicable per State and Line of Business)

# Credentialing Application Checklist – Provider (Facility/Organization)

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**YOU MUST INCLUDE THE FOLLOWING WITH THE COMPLETED**

## **Hospital/Facility Provider Application**

**(Please use this checklist as a guide)**

**Attach** the following to the completed application:

- State Operational License
- Other applicable State/Federal Licensures (e.g., CLIA, DEA, Pharmacy or Department of Health)
- Accreditation/Certification (by a nationally recognized accrediting body, e.g., TJC/JCAHO)
- If not accredited by a nationally recognized accrediting body, attach the Site Evaluation Results from a governmental agency
- W-9
- Ownership and Disclosure Form
- For Medicare/Medicaid Plans (MMP), attach the MMP Directory Requirements form
- Other applicable State/Federal Licensures (See last page for list of state-required documents)
- Attestation page of the Application must be signed and dated