

Uniform Credentialing Application for Organizational Providers Instructions Guide

Instructions: In order for the application to be considered complete:

1. A separate application must be completed for each Legal Entity/TIN
2. Complete pg. 1 with Facility/Organization Name and Date
3. Complete Section 2
4. Leave Sections 3 through 14 blank. These sections do not apply.
5. Complete the Supplemental–Oklahoma Organizational Provider Types Section pg. 15-21
6. Sign and Date pg. 21 Attestation and Release of Information Form

Attach the following to the completed application:

- OK Ancillary Roster (for multiple locations)
- Current Copy of State Operational License
- Current General Liability Insurance (Certificate showing amounts and dates of coverage)
- Accreditation Certificate or Letter with Dates of Accreditation
- If not accredited, attach a site survey
- Other applicable State/Federal Licensures (e.g., CLIA, DEA, or Pharmacy)