

Credentialing Checklist

The following items <u>must</u> be included with the Provider's credentialing application.

Please include this completed checklist when submitting the application to Crescent Health Solutions. **NOTE: Incomplete applications cannot be processed until all information and documentation is received.**

Provider		Title	
Practice Name			
Indicate N/A if not appli	cable to the Provider.		
	ina Uniform Application on must be current, and all fields must be	e completed. Attach separate page if needed.	
Attestation Must be signe	ed and dated by Provider		
Anti-Trust P Must be signe	rolicy ed and dated by Provider		
	rinal NC License er Credentialing only		
	Medical Board Registration lid issue and expiration dates		
W9 Form For multiple p	participating practices, provide a W9 for	each Tax ID	
	rent NC DEA Certificate Ild issue and reference current address		
	e Sheet of current Certificate of Liab name, Provider(s) covered, coverage am	•	
	urriculum Vitae ractice the Provider is applying to be cre	dentialed and explanation of any work gaps	
• •	ificate from national specialty board cians, provide certificate of certified spe	d (i.e., American Board of Family Medicine) cialty affiliation (i.e., NCCPA, AANP)	
	Letter from MD for PA and PA-C at they are the supervising physician and	d be signed and dated by the supervising physician	
Copy of Edu	cational Commission of Foreign Med	dical Graduates Certificate (ECFMG)	
Copy of CLIA	ACR ((Clinical Laboratory Improve	ment Amendments, American College of Radio	