

California Participating Practitioner Application Checklist

Name:	Specialty:	
	CAQH # Re-Attestation Date:	CPA V.2013 W:\Credentialing\Credentialing Applications
Completed Practitioner Application Signatures to be within 120 days-Stamped signatures not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Affiliations If no current affiliations, coverage arrangement should be provided.	<input type="checkbox"/> Pg. 12	<input type="checkbox"/> Pg. 7
Work History Minimum requirement is 5 years of work history in month/year format. If there are any gaps exceeding 6 months, please provide explanation.	<input type="checkbox"/> Pg. 13	<input type="checkbox"/> Pg. 9
HIV/AIDS Specialist Designation Identify designation, sign, and date.	<input type="checkbox"/> W:\Credentialing\Credentialing Applications	<input type="checkbox"/> Pg. 12
Attestation All questions to be answered. If your answer to any of the following questions is "Yes", please provide full details on a separate sheet of paper.	<input type="checkbox"/> Pg. 16-17	<input type="checkbox"/> Pg. 13-14
Information Release Form to be reviewed, signed and dated.	<input type="checkbox"/>	<input type="checkbox"/> Pg. 15
Addendums A. Practitioner Rights B. Professional Liability Action Explained Forms to be completed, signed and dated.		<input type="checkbox"/>
Supporting Documentation Copies of the following documents are to be included.		
• Medical License	<input type="checkbox"/>	<input type="checkbox"/>
• DEA Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Certificate of Insurance (1-3 Million)	<input type="checkbox"/>	<input type="checkbox"/>
• Board Certificates (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Curriculum Vitae CV	<input type="checkbox"/>	<input type="checkbox"/>
• W9 W:\Credentialing\Credentialing Applications	<input type="checkbox"/>	<input type="checkbox"/>
Internal use only		
Contract Status Address and TIN on application must match contract locations and TIN.	Check One	
Provider contract semi executed.	<input type="checkbox"/>	
New group contract provider listed on exhibit, and semi executed.	<input type="checkbox"/>	
Existing group contract provider amendment created.	<input type="checkbox"/>	

Providers Signature

Date

Provider Practice Signature

Date

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