

California Mid-Level Provider Application (NP & PA) Checklist

Name:	Specialty:	
	CAQH # Re-Attestation Date:	Mid-Level Prov. App. V.7/97 W:\Credentialing\Credentialing Applications
Completed Practitioner Application Signatures to be within 120 Days-Stamped signatures not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
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. 4
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. 5
Information Release Form to be reviewed, signed and dated.	<input checked="" type="checkbox"/>	<input type="checkbox"/> Pg. 6
Addendums A. Health Plans and IPA/Medical Groups B. Professional Liability Action Explanation C. Notice to Practitioners of Credentialing Rights Forms to be completed, signed and dated.		<input type="checkbox"/>
Provider Extender Attestation (Required) 1. Statement of Agreement by Supervision Provider 2. Provider Extender Attestation 3. Delegation of Services Agreement 4. Supervising Physician Responsibility	<input type="checkbox"/> W:\Credentialing\Credentialing Applications	<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 to 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 should 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