

Credentialing Checklist

- _____ 1. Completed and signed provider application. To be processed, all applications must be completed, signed and dated. Incomplete or illegible applications will be returned to the Provider for resubmission.
Please do not write "See CV" in response to any questions, the application must be completed.
- _____ 2. Current Resume or C.V. – *Please be sure that current positions are listed.*
- _____ 3. Proof of current licensure and certifications: Please attach a signed copy of all licenses (wallet size licenses are not acceptable) and certifications which you have indicated on your application.
- _____ 4. Copy of DEA Certificate (for physicians only)
- _____ 5. Verification of Professional Liability Coverage. Please attach a copy of your current malpractice liability policy face sheet.
- _____ 6. Confirmation of Highest Academic Credential. Please attach a good quality copy of your diploma or final copy of your transcript. Note: The transcript must state 'final' along with graduation date reflecting your highest academic degree, the degree under which you are licensed and/or are applying for Provider status.
- _____ 7. Act 33 Child Abuse Clearance (*Required for Pennsylvania Providers only.*) Child Abuse Clearance is required only if seeing children ages 12 and under. Please follow instructions on the enclosed request form. The results of the Act 33 Child Abuse Clearance will be mailed only to you. Regulations necessitate that we see the original document. The report will be returned to you after review by the Credentialing Committee. Current clearances (dated within two years of application date) are acceptable.
- _____ 8. Criminal History Clearance (*Required for Pennsylvania Providers only.*) This is required for all Pennsylvania Providers. Please follow instructions on the enclosed form. **This request usually takes at least 8 weeks. If you prefer, you can visit the PA State Police website at <https://epatch.state.pa.us/Home.jsp> to do an online request and print out your report.** Regulations necessitate that we see the original document. The report will be returned to you after review by the Credentialing Committee. Current clearances (dated within two years of application date) are acceptable.
- _____ 9. ECFMG Certificate (for physicians who graduated from Foreign Medical Schools)
- _____ 10. One Peer Reference (*Please use enclosed form*)
- _____ 11. Completed W-9 (*Form enclosed*)

Please return all completed materials to:

Carol Holmes
PENN Behavioral Health Corporate Services
University of Pennsylvania Health System
3535 Market Street, Suite 4044
Philadelphia, PA 19104
Tel: 215-746-7906/ Fax: 215-573-6465
Holmes2@mail.med.upenn.edu