

UCLA Health Credentialing Application Provider Checklist

To help streamline the credentialing process, we developed a tip sheet to help our providers complete the application. **If you are having trouble uploading documents, you may send to our Credentialing Verification Office, cvo2@mednet.ucla.edu**

Online Application Requirements	INITIAL	RECREC
Personal Information	X	
Medical/Professional Education School Name • Degree • Start & Graduation Date • Contact Title • Email (Preferred) • Phone Number • Fax • URL (if applicable)	X	X (if any completed since last recredentialing)
Internship/PGYI/Residencies/Fellowships*Only applies to MD/DO/DPM* • Institution Name • Program Director • Program Director or program Coordinators Email (Preferred) • URL (if applicable) • Type of Training • Specialty • Start Date (mm/yy) • End Date (mm/yy) • Successfully complete the program, Yes or No.	X	X (if any completed since last recredentialing)
Board Certification • Please include board name, certification dates and certification number (if applicable)	X	X
Licensure • California License • Any Out of State Licenses (Active/Inactive) • DEA Information • RHB Certification • ECFMG Information (If applicable) • NPI	X	X
Professional Liability • Malpractice Insurance for the past 5 years. Must have a malpractice insurance coverage for all work history/training within the 5 year period • Must Include Carrier Name, Carrier Contact, Policy Numbers and/or Certificate of Insurance	X	X
Current Hospital and Other Institutional Affiliations • Please include all hospitals and other institutional institutions the provider has current/inactive affiliations. Must include all contact information • Name/Title of Contact • Email (Preferred) • Phone Number • Fax (if applicable) • URL (if applicable)	X	X

Online Application Requirements	INITIAL	RECREATED
Work History All work history from medical/professional school. Must include all contact information • Name/Title of Contact • Email (Preferred) • Phone Number • Fax (if applicable) • URL (if applicable)	X	X
Curriculum Vitae • Includes work history for the previous five years, listing beginning and ending months and years of each employment. If there are any work gaps of 6 months or more, please complete the gap section of app.	X	
Government Issued Identification All Initial Applicants must submit a copy of a current (not expired) Driver's License OR Passport.	X	
Peer References • Peer References must have had clinical contact within the past 18 Months • Initial Appointment: Peer references must be in your same specialty and include one supervisor, program director or chief of Staff • Please include contact's current email, phone, title and degree. • Reference must be in your same specialty	X	X
TB Screening Required for all Initial & Reappointing Practitioners • <u>UCLA Faculty/Staff Physician/Employed Practitioners</u> • Submit one of the following: • TB Skin Test (within the past 12 months) • QuantiFERON Gold blood test (within the past 12 months) • Chest X-ray (within the past five [5] years; typically required with a history of positive TB testing) • Complete MyChart TB Assessment (UCLA Faculty/Staff only) • <u>Community/All Other Practitioners</u> • Submit one of the following: • TB Skin Test (within the past 12 months) • QuantiFERON Gold blood test (within the past 12 months) • Chest X-ray (within the past five [5] years; typically required with a history of positive TB testing)	X	X
Training Requirements/ Additional Documentation	INITIAL	RECREATED
Mandatory Provider Education for Credentialing ** Initials: Please complete once your AD Accounts have been established to access Corner Stone • HIPAA • C/CARE • Boundaries • Infection Prevention • Radiation Safety • We Listen We Care • Code of Conduct	ALL Facilities	ALL Facilities
Moderate Sedation Quiz ** Please complete once your AD Accounts have been established to access Corners tone	Hospital Appointment Only	Hospital Appointment Only
Job Description/ Performance Evaluation (Allied Health Professionals Only)	Hospital Appointment Only	Hospital Appointment Only
Clinical Activity	Hospital Appointment Only	Hospital Appointment Only
PA Delegation Agreement	All Facilities	All Facilities
UCLA Hospitals Resnick Neuropsychiatric Hospital at UCLA (NPH) Ronald Reagan UCLA Medical Center (RRMC) UCLA Santa Monica Medical Center (SMH) UCLA West Valley Medical Center (WVMC)	Other UCLA Facilities Venice Family Clinic (VFC) UCLA Medical Group (MG) West Hills Surgical Center (WH ASC) Medical Practice Unit (MPU)	