MD-Staff Credentialing Application

UCLA Health | Medical and Professional Staff Affairs
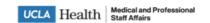
Provider Checklist

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	RECRED
Personal Information	X	
Medical/Professional Education School Name • Degree • Start & Graduation Date •Contact Title •Email •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 Email • 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
State Licenses/DEA • California License • Any Out of State Licenses (Active/Inactive) • DEA Information • 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 • Phone Number • Fax (if applicable) •URL (if applicable)	X	X

Online Application Requirements	INITIAL	RECRED
Work History All work history from medical/professional school. Must include all contact information •Name/Title of Contact •Email •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	
Peer References • Peer References must have had clinical contact within the past 2 years. • Please include contact's current email,phone, title and degree.	X	X
COVID Vaccination • Upload with application	X	X
TB Clearance •Upload with application •Clearance must be within 1 year	X	X

Training Requirements/ Additional Documentation	INITIAL	RECRED
HIPAA	ALL Facilities	ALL Facilties
MDCICARE	ALL Facilities	ALL Facilities
CICARE (Allied Health Professionals Only)	ALL Facilities	ALL Facilities
Boundaries	ALL Facilities	ALL Facilities
Infection & Antimicrobial	**RR-UCLA** **SMH - UCLA** **NPH**	N/A
Radiation Safety	**RR-UCLA** **SMH - UCLA** **NPH**	**RR-UCLA** **SMH - UCLA** **NPH**
Moderate Sedation Quiz	**RR-UCLA** **SMH - UCLA** *** Please complete once your AD Accounts have been establised to access Corner Stone*	**RR-UCLA** **SMH - UCLA**
Job Description *(Allied Health Professionals Only)*	**RR-UCLA** **SMH - UCLA** **NPH**	N/A
Performance Evaluation *(Allied Health Professionals Only)*	N/A	**RR-UCLA** **SMH - UCLA** **NPH**
Clinical Activity	N/A	**RR-UCLA** **SMH - UCLA** **NPH**
PA Delegation Agreement	**RR-UCLA** **SMH - UCLA**	**RR-UCLA** **SMH - UCLA**
Facilities VFC: Venice Family Clinic RR-UCLA: Ronald Reagan UCLA Medical Center SMH-UCLA: UCLA Santa Monica Medical Center NPH: Resnick Neuropsychiatritric Hospital at UCLA UCLA MG - UCLA Medical Group		