

CREDENTIALING CHECKLIST

PHYSICIAN CHECKLIST

Credentialing with insurance plans, hospitals, and surgery centers involves an extensive application process that includes the submission of support documents. Below is a list of the support documents and information needed to fulfill the application requirements.

To ensure timely processing of your applications, please submit the requested information <u>within 14 days</u> of your acceptance of the employment agreement with ROC. All information can be submitted through the link provided on ROC's Provider Credentialing Portal or via the contact information provide below.

| | Curriculum Vitae (CV) – Format must reflect MM/YY begin AND end dates for employment and education. |
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| | Include your new employment with ROC. |
| | Current Government Issue ID – Color copy (Driver's License, State Issued ID, Passport, or Visa) |
| | Evidence of Education: \square Undergraduate diploma, \square Medical/professional diploma |
| | Postgraduate Education: \square Certificate of internship, \square Certificate of residency, \square Certificate of fellowship |
| | (if you are currently in a program, please provide a letter/reference from your coordinator reflecting good |
| | standing & expected completion date.) |
| | Evidence of Specialty Board Certification, Eligibility, and/or Admissibility |
| | Current State License(s) to practice medicine/health care |
| | Nevada State Pharmacy Controlled Substance License |
| | Current Federal DEA Registration Certificate(s) |
| | Certificate of Malpractice Insurance: \square Current coverage, \square Prior 10 years of coverage |
| | Life Support Training Certificates (e.g., CPR, ACLS, ATLS, BLS, NALS, PALS) |
| | TB Test (valid within the past 12 months) |
| | Flu Shot or Declination (valid within the past 12 months) |
| | COVID Vaccination or Exemption Letter |
| | One recent color photo – (passport style: front-facing, from the shoulder up, plain background) |
| | Case / Procedure / Activity Logs for the past 2 years - Med Record Number, Admit and Discharge Dates, |
| | Provider and Entity Name, Procedure Description, DX. Log must be HIPPA compliant. |
| | ECFMG Certification – Provide certificate (international medical graduates only) |
| | Military Service DD214 - (for military providers only) |
| | CAQH username & password - https://proview.caqh.org/Login/Index?ReturnUrl=%2fPR |
| | PECOS username & password - https://pecos.cms.hhs.gov/pecos/login.do#headingLv1 |
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| Cor | ntact and document submission information: ROC Credentialing/ Kristin Santos |

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