



## **Individual Application Submission Requirements**

*CCHP requires practitioners to submit the following materials for review by the credentialing committee. Initial applicants must submit the following information in order to be considered for credentialing:*

1. Completed application which includes all following items listed in "Information/documentation that must be submitted in order for application to be reviewed" section and a signed statement providing attestation to the completeness and accuracy of the information provided in the application, which may be in an electronic format
2. A signed release granting CCHP permission to review the records of and to contact any professional society, hospital, insurance company, present or past employer, professional peer, clinical instructor, or other person, entity, institution, or organization that does or has records or professional information about the applicant
3. A signed release from legal liability for any such person, entity, institution, or organization that provides information as part of the application process
4. Current Drug Enforcement Agency (DEA) and/or Controlled Dangerous Substance Certificate (CDS) in each state where applicant intends to practice, if applicable
5. For any practitioner who provides inpatient care, the names of all hospitals where they hold privileges the applicant must have hospital clinical privileges.
6. Professional liability claims history that resulted in settlements or judgments paid by or on behalf of the applicant, and history of liability insurance coverage, including any refusals or denials to cover applicant or cancellations of coverage
7. History with applicable dates of education and degrees received relevant to applicant's area of practice including appropriate professional schools, residency, training programs, or other specialty training programs appropriate for the scope of practice for which credentials are requested
8. List of all professional licenses ever received in any state, whether current or inactive, including any challenges, restrictions, conditions,

limitations, or other disciplinary action taken against such license or voluntary relinquishment of such licensure
9. Information on the type of professional license(s) or certification(s) held, state issued, certification and/or license number, effective date, and date of expiration
10. Medicaid Provider number (if providing Medicaid services).
11. A five year employment history, including periods of self-employment and the business names used during this time, and a history of voluntary or involuntary terminations from employment, professional disciplinary action or other sanction by a managed care plan, hospital, or other health care delivery setting, medical review board, licensing board, or other administrative body or government agency
12. Current Health Care liability policy, including the name of insurer, policy number, expiration date and coverage limits (even if \$0). Practitioners with federal tort coverage must submit a copy of their federal tort letter, or a signed attestation that they have federal tort coverage (per Wisconsin statutes unless otherwise mandated)
13. Disclosure and explanation of limitations on ability to perform essential functions of the position with or without accommodation
14. Disclosure and explanation of any loss of license or any loss or limitations of privileges or disciplinary activity
i. Disclosure of current alcohol or other substance abuse
ii. Disclosure and explanation of any convictions or pleas of no contest to a felony or misdemeanor (except for minor traffic violations)
15. Disclosure and explanation of any history of medical staff membership or clinical privilege restrictions
16. Any other documents or information that CCHP determines are necessary for it to effectively and or efficiently review applicant's qualifications
<ul style="list-style-type: none"> <li>• For Nurse Practitioners copy of a signed collaborating physician agreement</li> </ul>