

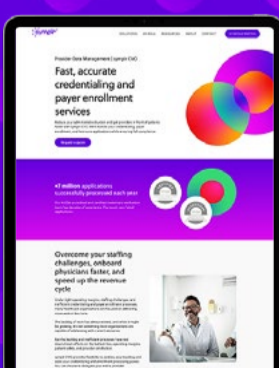
# Credentialing 101: What Every Practitioner Needs to Know



## A smooth credentialing and re-cred process requires:

Overview	What to Know
The Application: What constitutes a completed application?	<ul style="list-style-type: none"> <li>All fields and information completed with dates in MM/YYYY format (as applicable)</li> <li>All attestation questions answered with explanations for any answered in the affirmative. Please read these questions carefully.</li> <li>All signature pages signed and dated.</li> <li>Certificate of insurance.</li> <li>Completed, signed, and dated Delineation of Privileges. Review directions, privilege criteria, case log requirements, and/or FPPE requirements.</li> <li>Government issued identification.</li> <li>All supplemental documents/forms completed, signed, and dated.</li> </ul>
Affiliations: <ul style="list-style-type: none"> <li>Initial: All Active &amp; Inactive, 10 years</li> <li>Reappointment: All Active &amp; Inactive within reappointment cycle</li> </ul>	<ul style="list-style-type: none"> <li>Affiliations vs work history.</li> <li>These are specific to facilities where privileges are granted.</li> <li>This is not employment. Employment equates to work history/professional experience.</li> <li>Submit any gap explanations as determined by the Medical Staff (e.g. 30 days, 6 months, etc.)</li> </ul>
Malpractice History	<ul style="list-style-type: none"> <li>Most organizations utilize National Practitioner Data Bank.</li> <li>Some organizations require verification directly from the carrier.</li> <li>All malpractice policies for the determined timeframe must be listed in your application to verify.</li> <li>There should be no gaps. Include an explanation if you have a gap in malpractice.</li> </ul>
Licensure: <ul style="list-style-type: none"> <li>Initial: All Active &amp; Inactive licenses</li> <li>Reappointment: Active licenses</li> </ul>	<ul style="list-style-type: none"> <li>Not all organizations verify every license.</li> <li>If all active and inactive are requested, please provide every license held during your clinical practice.</li> </ul>
Current DEA	<ul style="list-style-type: none"> <li>Required to list address where drugs are being prescribed.</li> </ul>
Current CDS/CSR (If applicable)	<ul style="list-style-type: none"> <li>State specific</li> <li>Must have DEA with that state's address as well as state license.</li> </ul>
Peer References	<ul style="list-style-type: none"> <li>All contact information for the peer reference must be submitted. This includes name, professional suffix, relation, address, phone number, and email.</li> <li>Most hospitals require references within the same discipline or higher.               <ul style="list-style-type: none"> <li>MD/DO requires MD/DO</li> <li>APRN requires APRN, MD, or DO</li> <li>PA requires PA, NP, MD, or DO</li> </ul> </li> </ul>
Medical Staff Office vs Payer Enrollment	<ul style="list-style-type: none"> <li>Two separate processes.</li> <li>Only certain information can be shared from the MSO to the PE department.</li> <li>PE may require additional documentation outside of the MSO.</li> </ul>
Helpful Hints	<ul style="list-style-type: none"> <li>Review the bylaws for timeframe of completion.</li> <li>Any required information not provided to the MSO will cause further delays.</li> <li>Keep copies of requested information for future reference/use.</li> </ul>

To better understand the provider credentialing process from start to finish, download symplr's [complete guide](#).



The symplr NCQA-accredited and certified CVO can help you with primary source verification, recredentialing, sanction monitoring, expirable management, and application management.

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