**DENTIST**

**CREDENTIALING DOCUMENT LIST**

If you are seeking employment with Western University of Health Sciences (WesternU) that will include working in a clinic at a WesternU Health Clinical facility, the university will perform a thorough background check as part of your onboarding. This mandatory process can start *only* when the College receives all the required documents listed below. Copies of all documents must be clean and clearly legible.

It is critical that you provide all requested documents to the College as soon as possible given the process can take as much as 120-days (4 months) to complete.

**You will not be allowed in the clinical environment until the background check process has been fully completed.**

Please provide *complete* and legible names, addresses, phone, fax numbers, and/or email address for references, schools, fellowships, and prior employers. Do not use abbreviations for any school or facility.

You must provide **TO & FROM** dates where indicated, using the mm/dd/yy (6-digit) format.

\_\_\_\_\_ **California Participating Practitioner Application (CPPA)** (provided by Credentialing Office). Please review the form to ensure all questions are answered and provide all supporting documentation to any applicable answer.

\_\_\_\_\_ **Curriculum Vitae [CV]** (current dates and history)

\_\_\_\_\_ **California State Professional license/Special Permit** (signed wallet size) with current California address. If not licensed in California, indicate other states for which you have current license(s).

Provide proof of California License application

\_\_\_\_\_ **California Driver’s License** with current California address or DMV ID card with photo

\_\_\_\_\_ **DEA License** (with California address) and/or State Drug Certificate(s), through copy of

Certificate, if applicable

\_\_\_\_\_ **NPI** (original) notification from National Plan and Provider Enumeration System (NPPES)

**\_\_\_\_\_ Board Certification(s)/Eligible (if applicable)**: must include 6 digit date received & 6 digit expiration date.

All dates must be clearly visible. If not board certified, provide copy of Board Qualifying/Eligible

letter.

\_\_\_\_\_ **Malpractice Claims History**, covering the past five (5) years & **Malpractice Insurance Certificate** (declaration page). Current certificate showing proof of coverage. This can be obtained from your insurance carrier if you have your own private policy. If you are covered under a group policy, check with Risk Management or your Office Manager.

\_\_\_\_\_ **Dental College Transcripts**

\_\_\_\_\_ **Continuing Education (CE)** record for past 2 years

**Forms provided by WesternU Credentialing Office that must also be completed, signed, and dated:**

**Consents:**

\_\_\_\_\_ Background Release Form Disclosure and Consent

\_\_\_\_\_ Notice and Authorization to Obtain Background Check for Employment Purposes

\_\_\_\_\_ **Professional Liability Questionnaire** (collected on 1st day of employment)\*

\_\_\_\_\_**Statement acknowledging requirement to report child abuse & neglect – Mandated Reporter**

\_\_\_\_\_**Communicable Disease Clearance** (e.g., MMR, varicella, Hepatitis B, TB, Tdap vaccine)\*

**The following documents Will need to be given to the Credentialing Office:**

\_\_\_\_\_ **Name Change Documentation** (if applicable, e.g., maiden name to married name). Any name changes since graduation from Dental School.

**Your CPPA and all supporting documents will be used to verify the information you have provided through the querying of organizations such as:**

|  |  |
| --- | --- |
| National Practitioner Data Bank (NPDB) | Office of the Inspector General (OIG) |
| State licensing boards for all states currently or previously licensed | Medicare, Medi-Cal (Medicaid) |
| Background Check (various agencies) | Denti-Cal for suspension list |
| Peer References | Confirming Education with university(ies) |

If everything comes back clean, it allows WesternU’s Credentialing Office to credential you with the various payer sources used in the WesternU Health Center you will be working in.

**Thank you for your assistance.**

Additional questions can be directed to:

**Credentialing Office**

**Email:** [credentialing@westernu.edu](mailto:credentialing@westernu.edu)

**Fax:** 909-469-8666

\* To be completed after hire.

Est. 12/10/2013; Rev. 02/16/2016; 05/01/2021