**MEDICAL/PODIATRIC/PHARMACIST/NP/PA**

**CREDENTIALING DOCUMENT LIST**

If you are seeking employment with Western University of Health Sciences (WesternU) that will include clinical privileges at a WesternU Health Clinical facility, the university will perform a thorough background check and start the credentialing process as part of your onboarding. This mandatory process can start *only* when the Credentialing Office 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 Credentialing Office 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 and credentialing 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. Based on licensure, some documents listed will not apply. Please write “NA” where applicable.

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** (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 application submission to the appropriate state licensing board.

**\_\_\_\_\_Licensure** fluoroscopy, radiography (indicate effective date, expiration date and state)

\_\_\_\_\_**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)

\_\_\_\_\_ **Driver License** with current California address or government issued ID card with photo.

\_\_\_\_\_**Recent wallet size picture** (3 for each hospital for which you will be requesting staff privileges)

\_\_\_\_\_**Board Certification(s)/Eligible**: 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.

\_\_\_\_\_ List of health insurance companies you are currently credentialed with, if applicable

\_\_\_\_\_**Alien Registration Card,** if applicable

\_\_\_\_\_**Continuing Education, e.g., CME, CEU** record (2 years - Category 1) (If applying for hospital privileges)

\_\_\_\_\_**Educational Commission for Foreign Medical Graduates (ECFMG) Number** and copy of certificate (be sure number is visible)

\_\_\_\_\_ **Malpractice Claims History**, covering the past five (5) years & **Malpractice Insurance Certificate** (declaration page). Current certificate(s) 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.

**\_\_\_\_\_Malpractice Insurance Certificate** (declaration page). Current certificate of insurance showing proof of coverage.

\_\_\_\_\_**Medical/Pharmacy/Podiatric/PA/Nursing School certificate**(s), diploma, internship, residency and Fellowship, 5th pathways

**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

\_\_\_\_\_ **WesternU Clinical Faculty Professional Liability Questionnaire**

\_\_\_\_\_**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:**

**\_\_\_\_\_ CAQH User ID and Password.** If you do not have this you can contact the Help Desk at CAQH at 888-599-1771 and they will assist you with your User ID and Password.

**\_\_\_\_\_ Current Tuberculosis Clearance** (may be a PPD skin test, an IGRA blood test, or chest x-ray report [not older than 1 year from start of employment])

\_\_\_\_\_ **DEA License** (update with the address of the center you will be working in). This can be done on the DEA website at <http://www.deadiversion.usdoj.gov/> or by calling 800-882-9539.

\_\_\_\_\_ **Name Change Documentation** (if applicable, e.g., maiden name to married name). Any name changes since graduation from medical/pharmacy/podiatry/nursing/PA School.

**Your CPPA and all supporting documents that are specific to your professional license 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/Medicaid for any sanctions/exclusions |
| Background Check (various agencies) | Medi-Cal (Medicaid) for suspension list |
| Peer References, at least three (3) | 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 timely assistance.**

**Credentialing Office email is** [**credentialing@westernu.edu**](mailto:credentialing@westernu.edu)

Confidential Fax number: 909-469-8666 and 909-706-3773