**OPTOMETRIST**

**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.

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

**The following documents will be collected by the Manager of Operations:**

\_\_\_\_\_ **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

\_\_\_\_\_ **Optometric Professional License(s)**. Provide all states for which you have current/active license(s). 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.

\_\_\_\_\_ **DEA License** (current)

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

\_\_\_\_\_ **Letters of Recommendation (3)**

\_\_\_\_\_ **Optometry School Diploma**

\_\_\_\_\_ **Residency Certificate** (if applicable)

\_\_\_\_\_ **Alien Registration Card** (if applicable)

\_\_\_\_\_ **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.

**Forms provided by WesternU Credentialing Office that must also be completed and returned are:**

Consents:

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

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

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

\_\_\_\_\_ Mandated Reporter Form

**The following documents will be collected by the Director of Patient Care Services:**

**\_\_\_\_\_ 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 ECI address). 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 Optometry School.

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

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| --- | --- |
| National Practitioner Data Bank (NPDB) | Office of the Inspector General (OIG) |
| State licensing boards for any sanctions | Medicare and Medi-Cal (Medicaid) for any sanctions |
| Background Check (various agencies)  | Medi-Cal (Medicaid) for suspension list |
| Peer References, directly to three (3) peers via written letter |  |

**Thank you for your timely assistance.**

**Credentialing Office email is** **credentialing@westernu.edu**

Confidential Fax number: 909-469-8666