

HEALTHCARE PROVIDER CREDENTIALING DOCUMENT LIST

If you are seeking employment with Western University of Health Sciences that will include clinical privileges, we will perform a thorough background check as part of the application process. In order to complete this background check you will be required to provide completed, clean and clearly legible copies of all the documents listed below.

Please be sure to include **TO & FROM** dates using six digits (mm/dd/yy). Please provide complete name, address, phone and fax numbers for references, schools and prior employers.

- _____ **Alien** Registration Card if applicable
- _____ **Completed** and signed Practitioner Application (PA & Attestation). Please review the form to ensure all questions are answered and provide all supporting documentation to any applicable answer.
- _____ **Board Certificate(s)** (included 6 digit date received & 6 digit expiration date) (be sure number is visible). If not board certified, provide copy of Board Qualifying/Eligible letter.
- _____ **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 California License application.
- _____ **California Driver's** License with current California address or DMV ID card with photo.
- _____ **CME** record (2 years - Category 1) (If applying for hospital privileges)
- _____ **Current Tuberculosis clearance** (may be either a **PPD skin** test or chest x-ray report [not older than 1 year])
- _____ **Curriculum Vitae [CV]** (current dates and history)
- _____ **DEA** License (with California address) and/or **State Drug Certificate(s)**, through copy of certificate if applicable
- _____ **Educational Commission for Foreign Medical Graduates (ECFMG) Number** and copy of certificate (be sure number is visible)
- _____ **Licensure**, fluoroscopy, radiography (indicate effective date, expiration date and state)
- _____ **Malpractice Claims History**, covering the past five (5) years,
- _____ **Malpractice Insurance Certificate** (declaration page). Current certificate showing proof of coverage.
- _____ **Medical/Dental/Optomtry/Podiatric/PA/Nursing School certificate(s)**, diploma, internship, residency and Fellowship, 5th pathways
- _____ Documentation of name changes, if applicable, e.g., maiden name to married name
- _____ **NPI** (original) notification from National Plan and Provider Enumeration System (NPPES)
- _____ **Recent wallet size picture** (3 for each hospital for which you will be requesting staff privileges)
- _____ **Western University** Clinical Faculty Professional Liability Questionnaire.
- _____ Completed and signed consent to conduct a criminal background check

Your Practitioner Application (PA) and all supporting documents will be used to verify the information you have provided through the querying of:

National Practitioner Data Bank (NPDB)
State licensing boards for any sanctions
Background Check (various agencies)
Peer References, directly to three (3) peers via written letter

Office of the Inspector General (OIG)
Medicare and Medi-Cal (Medicaid) for any sanctions
Medi-Cal (Medicaid) for suspension list

Thank you for your assistance.

Credentialing Office email is credentialing@westernu.edu Additional questions can be directed to:

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