

# Physician credentialing checklist

Tick each item as it is verified at its source. Keep one copy per physician.

Physician

Start date

File owner

## Identity and education

- |                                                                                                              |                 |
|--------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Government ID<br>Copy on file                                                       | Verified: _____ |
| <input type="checkbox"/> Medical school diploma<br>Confirm training with the program where possible          | Verified: _____ |
| <input type="checkbox"/> Residency and fellowship certificates<br>Confirms training behind board eligibility | Verified: _____ |
| <input type="checkbox"/> Current CV                                                                          | Verified: _____ |

## Licensure

- |                                                                                                                      |                 |
|----------------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> State medical license(s)<br>Check the state medical board for active status and any actions | Verified: _____ |
|----------------------------------------------------------------------------------------------------------------------|-----------------|

## Registrations

- |                                                                                                                                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> National Provider Identifier (NPI)<br>Required by almost every payer and facility                        | Verified: _____ |
| <input type="checkbox"/> DEA certificate, where applicable<br>Only for physicians who prescribe or dispense controlled substances | Verified: _____ |

## Board certification

- |                                                                                                                                        |                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Specialty board certificate (ABMS or AOA)<br>Verify through the ABMS Physician Profile or the specialty board | Verified: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------|

## Liability

- |                                                                                                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Current malpractice certificate of insurance<br>Confirm coverage dates match the application | Verified: _____ |
| <input type="checkbox"/> Claims history                                                                               | Verified: _____ |

## Work history

- |                                                                                           |                 |
|-------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Five years of employment history<br>Cover every break in writing | Verified: _____ |
| <input type="checkbox"/> Written explanation of any time away from work                   | Verified: _____ |

☐ References

Verified: \_\_\_\_\_

## Verification checks

☐ Primary source verification recorded

Record the date, the source and who checked each item

Verified: \_\_\_\_\_

☐ NPDB query

Hospital privileging; many payers also request it

Verified: \_\_\_\_\_

☐ OIG exclusion check

Medicare or Medicaid enrollment

Verified: \_\_\_\_\_

## Payer enrollment

☐ CAQH ProView profile complete

Complete every required field before authorizing payers

Verified: \_\_\_\_\_

☐ CAQH re-attestation reminder set

Re-attest every 120 days; record the date

Verified: \_\_\_\_\_

☐ Payer forms and timelines confirmed

Each payer sets its own

Verified: \_\_\_\_\_

☐ CMS-855I submitted

Individual Medicare enrollment

Verified: \_\_\_\_\_

## Renewal dates to track

☐ CAQH ProView re-attestation

Every 120 days

Next due: \_\_\_\_\_

☐ Hospital reappointment

At least every two years (Joint Commission)

Next due: \_\_\_\_\_

☐ Payer re-credentialing

Usually every two to three years

Next due: \_\_\_\_\_

☐ License, DEA, board status, malpractice coverage

Record each expiry date

Next due: \_\_\_\_\_

Cycles from CAQH and The Joint Commission; initial approval typically takes 90 to 150 days (industry estimate). Free template from [pabau.com](http://pabau.com).