

COUNTRY DOCTOR COMMUNITY HEALTH CENTERS
 Carolyn Downs Family Medical Center Country Doctor Community Clinic

CREDENTIALING CHECKLIST

Name SUSAN _____ Birth Date _____

Address _____

Phone Number _____ Place of Birth _____

Citizenship _____ SSN _____

Languages other than English _____

DO NOT WRITE BELOW THIS LINE

Date/Initial

◆ Curriculum Vita			_____
◆ Specialty/Certification			_____
◆ Current State License	yes	no	PSV _____
◆ License Restrictions	yes	no	Hx loss of License yes no
◆ DEA Certificate	yes	no	_____
◆ DSHS Application	yes	no	_____
◆ Medicaid Number	yes	no	_____
◆ UPIN Number	yes	no	_____
◆ Credentialing Packet	yes	no	_____
◆ Privileging Packet	yes	no	_____
◆ Temporary Privileges Letter	yes	no	_____
◆ Staff Appointment Letter	yes	no	_____
◆ CHPW Credentialing	yes	no	_____
◆ WCC Application	yes	no	_____
◆ Hospital Privileges	yes	no	_____