

## CREREDENTIALING CHECKLIST

- \_\_\_\_\_ 1. **COMPLETED AND SIGNED PROVIDER APPLICATION** - To be processed, all applications must be completed, signed, and dated. Incomplete or illegible applications will be returned to the Provider for resubmission. **Please do not write "See CV" in response to any questions, the application must be completed.**
- \_\_\_\_\_ 2. **CURRENT C.V. OR RESUME** **Please be sure that all current positions are listed.**
- \_\_\_\_\_ 3. **PROOF OF CURRENT LICENSURE AND CERTIFICATIONS:** Please attach a signed copy of all licenses and certifications that you have indicated on your application.
- \_\_\_\_\_ 4. **COPY OF DEA CERTIFICATE** (for physicians only)
- \_\_\_\_\_ 5. **VERIFICATION OF PROFESSIONAL LIABILITY COVERAGE.** Please attach a copy of your current malpractice face sheet.
- \_\_\_\_\_ 6. **CONFIRMATION OF HIGHEST ACADEMIC CREDENTIAL.** Please include an official final transcript of your highest academic degree. This should be included in a sealed envelope. Alternately, you can have the school send the transcript directly to the address listed below.
- \_\_\_\_\_ 7. **PENNSYLVANIA ACT 33 CHILD ABUSE HISTORY CLEARANCE** (*Required for Pennsylvania Providers only.*) A current Child Abuse Clearance is required for all Pennsylvania clinicians who see children age 12 and under or who provide family therapy. Please follow instructions on the request form. Regulations require that we see the original document. The report will be returned after review by the Credentialing Committee. To be considered current, reports must be dated within two years of the date the application is signed. (*FORM ENCLOSED OR ATTACHED*)
- \_\_\_\_\_ 8. **PENNSYLVANIA CRIMINAL HISTORY REPORT** (*Required for Pennsylvania Providers only.*) A current Criminal History Report is required for all Pennsylvania Providers. **This report can be requested online by visiting the PA State Police website at <https://epatch.state.pa.us/Home.jsp>.** To be considered current, reports must be dated within two years of the date the application is signed.
- \_\_\_\_\_ 9. **ECFMG CERTIFICATE** (for physicians who graduated from Foreign Medical Schools)
- \_\_\_\_\_ 10. **PEER REFERENCE** This should be dated within one year of the date the application is signed and should be from a colleague whose license is the same level as your license. A reference from a colleague with a higher level license is also acceptable. (*FORM ENCLOSED OR ATTACHED*)
- \_\_\_\_\_ 11. **COMPLETED, SIGNED W-9** (*FORM ENCLOSED OR ATTACHED*)

**PLEASE RETURN ALL COMPLETED MATERIALS TO:**

Carol Holmes  
PENN Behavioral Health Corporate Services  
University of Pennsylvania Health System  
3535 Market Street, Suite 4044  
Philadelphia, PA 19104  
Tel: 215-746-7906/ Fax: 215-573-6465  
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