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CREREDENTIALING APPLICATION CHECKLIST

YOU MUST INCLUDE THE FOLLOWING WITH THE COMPLETED APPLICATION

- Copy of State License(s)
- Copy of DEA Registration
- Copy of current professional liability insurance policy face sheet, showing expiration dates, limits and provider's name
- Copy of Board Certification Certificate, if applicable
- Copy of certificate or letter certifying formal post-graduate training
- Copy of Curricula Vita/Resume to Include work history. **(Not accepted as a substitute for completion of application.)**
- Copy of ECFMG Certificate (if applicable)
- Signed and dated copies of Schedules A & B of the Georgia Uniform Healthcare Practitioner Application
- EDI Questionnaire Form
- Additional Practice Information
- Contract Referral Form
- Copy of Vaccines For Children Program approval letter (if applicable)
- National Provider Identification Number (NPI)

Important: Please sign and return both copies of Contract and Compensation Schedules