

Tips for completing the HCA Healthcare Online Credentialing Application for Initial Credentialing

NOTE: *Additional documents are required for HCA Healthcare facility Employed Practitioners only; these documents are listed in the Employed Practitioner section of this tip sheet*

- I. **All Practitioners:** At the time you begin completing the online credentialing application, you will need to submit PDF or JPG copies of the following documents (in the format indicated):
 - Malpractice coverage (PDF)
 - Curriculum Vitae in MM/DD/YYYY format(PDF)
 - Advanced life support certification (PDF)
 - Passport size photo (JPG)
 - Driver's license or Passport (PDF)
 - Evidence of authorization to work in the USA if non-citizen – i.e. Visa, Permanent Resident Card (PDF)
 - DD214, Member 4 if military service falls within the last 5 years (PDF)
- II. **All Practitioners: Also, to complete the online forms, you will also want to have at your fingertips:**
 - License, DEA and State Controlled Substance Registration numbers and expiration dates
 - Malpractice coverage policy number
 - Medical education graduation and post-graduate training institution names, addresses, dates and program director name/contact information
 - ECFMG number and date awarded (foreign medical graduates only)
 - Names, addresses, e-mail addresses and phone numbers of 3 peer references (peers must have worked with the practitioner within the last 5 years)
 - Names, addresses, e-mail addresses and phone numbers of all current and prior hospital, ambulatory surgery centers, urgent care centers and clinical affiliations
 - Explanation of any gaps in clinical work history greater than 90 days
 - Information regarding any health treatment monitoring including dates, address, e-mail address, program/physician contact information (name, phone, e-mail)
 - Listing of all continuing medical education courses and CME hours awarded within the last 24 months
 - Dates of last flu shot and immunizations
 - Malpractice claims, settlements, litigation explanations
 - Documentation to support any “yes” responses on the request for consideration form e.g. yes to any malpractice claims, adverse license actions, adverse clinical privilege actions (reduction, removal or suspension)
- III. **For HCA Healthcare Employed Practitioners only: required payor enrollment document copies (in PDF format) *Note: These copies will need to be uploaded in HCO in the Supporting Documents.***
 - All of your State Medical License(s)
 - State Non-Physician License, if applicable
 - DEA Certificate(s)
 - State Controlled Document(s)
 - Board Certification Certificate(s)
 - Master Degree Diploma(s)
 - Medical Degree Certificate
 - Non-Physician Graduate Degrees, if applicable
 - Educational Commission for Foreign Medical Graduates Certificate (ECFMG)
 - Internship, Residency, and Fellowship Certificates
 - CAQH Attestation – ***please ensure the CAQH User Name and Password (CAQH UN and CAQH PW) are included with the last attestation***
 - Government Sanctions (**please work with your enrollment contact to obtain a copy and complete the government sanctions questionnaires for the applicable State(s) where you will be working and then upload them into HCO along with your other documents**)
 - Collaborating Practitioner Agreement, if applicable