

## INITIAL APPLICATION CHECKLIST

### Complete the Following:

- Application- *docuSign*
- Clinical Capabilities Form- *#’s by marked boxes*
- Malpractice Claims Form(s)- *included in online application*
- Background Consent Form)- *included in online application*
- Physician/APC Release and Authorization)- *included in online application*
- Physician/APC Agreement
- Certificate of Insurance(s) *past 5 years*

### Include a Copy of the Following:

- Curriculum Vitae (MM/YYYY) - *no gaps greater than 6 months without explanation*
- Undergraduate Diploma (APC Only)
- Masters Diploma (APC Only)
- Medical School Diploma
- Internship Certificate
- Residency Certificate(s)
- Fellowship Certificates(s) *(If Applicable)*
- Board Certification(s) *(If Applicable)*
- DEA
- Permanent Residence Card *(If Applicable)*
- Military Discharge/DD-214 *(If Applicable, within 10 years of discharge)*
- ECFMG *(If Applicable)*
- Life Support Cards - *(EM Physicians)*
- Driver’s License – *color copy*

### Other Useful Documents:

- Travel Profile
- Direct Deposit
- CME’s- *past 24 months*
- Case Logs- *past 24 months*
- TB Test & Immunizations
- Photograph  
(JPEG for badge)
- Copies of State Licenses &CSR
- CAQH -*username/password*
- NPI -*username/ password*