

Provider Document Checklist

All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment

For physicians and advanced practice providers. Gather these before you apply for hospital privileges, group credentialing or payor enrollment. Check each item you have, and note expiration dates or what's still pending. Requirements vary: always follow the list your organization sends you.

GENERAL CHECKLIST — NOT LEGAL ADVICE. A generic starting point from All Things Credentialing, based mainly on the NAMSS Industry Credentialing Standards (voluntary). It is not tied to any specific accreditor's standards, state law or payer contract.

About you

Full name (and any former names)	
Degree / provider type (MD, DO, NP, PA, CRNA...)	
Specialty	
NPI	
Applying to (organization)	
Contact at that organization	
Date application started	

1. Identity

Have	Document	Expires / notes
☐	Government-issued photo ID (driver's license or passport). NAMSS: identity is confirmed in person or virtually before patient care; the organization shouldn't keep a copy.	
☐	NPI, with your NPPES record (name, taxonomy, practice address) up to date	

2. CV, work history & affiliations

CV must be from Graduate School/Medical School forward.

Have	Document	Expires / notes
☐	CV with start and end dates in MM/YY for education, training, jobs and affiliations	
☐	Written explanation of every gap over 30 days	
☐	Every hospital or facility where you've held privileges since training (MM/YY)	
☐	Every employer or contract since training, including locums and telemedicine companies (MM/YY)	
☐	DD214, if discharged from military service in the past 5 years	

3. Education & training

Copies of education and training certificates.

Have	Document	Expires / notes
☐	Professional school diploma (and transcript for APPs: graduate program)	
☐	Internship, residency and fellowship certificates with dates (MM/YY)	
☐	ECFMG certificate (international medical graduates)	

4. Licenses, registrations & certification

Copies of licenses, registrations, and certifications.

Have	Document	Expires / notes
☐	Every current and past state license: state, type, number, status, issue and expiration dates	
☐	Written explanation of any license discipline, suspension, probation or reprimand	
☐	DEA registration certificate(s)	
☐	State controlled substance (CDS/CSR) registration, if your state requires one	
☐	Board certification certificate or status, with recertification / MOC dates	
☐	APPs: national certification (e.g., NCCPA, AANPCB, ANCC, NBCRNA)	
☐	APPs: collaborating or supervising agreement, if your state requires one	

5. Malpractice

Copies of malpractice insurance certificates from the last five years.

Have	Document	Expires / notes
☐	Current certificate of insurance (COI)	
☐	All carriers for at least the past 5 years: coverage dates, types and policy numbers	
☐	List of open, pending, settled, closed and dismissed cases, with a short factual note on each	
☐	Loss runs from carriers, if requested	

6. References

At least three professional references who have worked directly with you in the past two years. For each, include their title (MD/DO, etc.), email address, phone number, and the dates you worked together in month/year format (MM/YYYY).

Have	Document	Expires / notes
☐	Professional reference who worked directly with you in the past 2 years (e.g., program director, chair, medical director): name, email, phone	
☐	Peer reference(s) from your discipline / license type: name, email, phone	

7. Privileges

Have	Document	Expires / notes
☐	Privileges request (core and any special privileges)	
☐	Case or procedure logs with dates and volumes supporting each special privilege	
☐	Training letters or certificates for special procedures	

8. Health, safety & education

Have	Document	Expires / notes
☐	Life support certifications your department requires (BLS, ACLS, PALS, NRP, ATLS)	
☐	Immunization and health screening records your organization asks for	
☐	CME certificates, if your state board or organization requires them	

9. Enrollment & forms

Have	Document	Expires / notes
☐	CAQH ProView (DataSpring) profile complete, documents uploaded, and re-attested (at least every 120 days; 180 days in Illinois)	
☐	Plans you're applying to authorized in CAQH ProView	
☐	Medicare enrollment in PECOS, if billing Medicare	
☐	State Medicaid enrollment, if billing Medicaid or ordering/referring	
☐	Signed authorization and release	
☐	Signed attestation; every disclosure question answered fully	

Notes

Notes / items still pending	
Date packet sent	
Sent to	

Sources: NAMSS Industry Credentialing Standards (namss.org); CAQH ProView quick reference guide; 42 CFR 482.22, 424.530 and 455.410 (ecfr.gov). Links are on the Providers tab of the All Things Credentialing site.