

Credentialing Document Checklist

Everything a Provider Needs to Get Approved & Start Billing Insurance

What is Credentialing? Credentialing is the process of getting a provider (doctor, nurse practitioner, therapist, etc.) approved by insurance companies to bill for services. Without credentialing, the practice cannot get paid by that insurance. This process can take 60–180 days, so start early and make sure every document below is ready.

Provider Full Name:		Provider Type (MD/NP/PA/etc.):	
Specialty:		Expected Start Date:	
Credentialing Contact:		Target Insurance(s):	

SECTION 1 — Personal & Professional Identity Documents

What To Check		Notes / Reminder
■	Curriculum Vitae (CV) — Up to Date A detailed summary of the provider's entire work history, education, and training. Must cover the past 10 years with NO gaps.	<i>No unexplained gaps allowed</i>
■	Government-Issued Photo ID A copy of the provider's driver's license, passport, or state ID that is current and not expired.	<i>Must be unexpired</i>
■	Social Security Card or Verification A copy of the Social Security card or official document with the provider's SSN for identity verification.	<i>Keep stored securely</i>
■	Proof of Citizenship or Work Authorization Documentation showing the provider is legally allowed to work in the United States.	<i>Required by all payers</i>
■	Current Professional Headshot (optional) Some insurance directories require a professional photo of the provider.	<i>Check payer requirements</i>

SECTION 2 — Education & Training

What To Check		Notes / Reminder
■	Medical School / Professional School Diploma A copy of the degree certificate from the medical or professional school the provider graduated from.	<i>Or verification letter</i>
■	Residency Training Certificate Official documentation of completed residency training, including the name of the program and dates.	<i>Include all programs</i>
■	Fellowship Certificate (if applicable) If the provider completed a fellowship (advanced specialty training), include the completion certificate.	<i>Include specialty details</i>
■	Internship Documentation Records of any internship programs completed as part of medical training.	<i>May be combined with residency</i>

■	Continuing Medical Education (CME) Records Records of recent continuing education courses completed to maintain licensure and skills.	<i>Usually last 2 years</i>
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SECTION 3 — Licenses & Certifications

What To Check		Notes / Reminder
■	State Medical License — Current A copy of the provider's active medical license for the state where they will practice. Must not be expired.	<i>Check expiration date</i>
■	DEA Certificate (if applicable) Drug Enforcement Administration registration allowing the provider to prescribe controlled substances.	<i>Include all states</i>
■	Board Certification Certificate Certificate showing the provider is board-certified in their specialty (if applicable to their field).	<i>Some payers require this</i>
■	BLS / ACLS / PALS Certification Current Basic Life Support and any other required life-saving certifications.	<i>Must be current/unexpired</i>
■	CDS (Controlled Dangerous Substance) Permit State-level permit for prescribing controlled substances if different from DEA (required in some states).	<i>Check your state rules</i>
■	NPI — Individual (Type 1) Documentation The provider's 10-digit individual National Provider Identifier. Print confirmation from the NPPES website.	<i>Free at nppes.hhs.gov</i>

SECTION 4 — Work History & References

What To Check		Notes / Reminder
■	Work History — Past 10 Years Complete Every job, hospital affiliation, or practice the provider worked at for the past 10 years with exact dates.	<i>No date gaps allowed</i>
■	Hospital Privilege Letters (current & past) Letters showing what procedures and privileges the provider has or had at each hospital they worked at.	<i>From each facility</i>
■	Peer References (Usually 3 Required) Names and contact information for at least 3 colleagues who can confirm the provider's clinical skills.	<i>Must be physicians/peers</i>
■	Military Service Records (if applicable) If the provider served in the military, documentation of service and any medical training received.	<i>Include discharge papers</i>
■	Gap Explanation Letters If there is any period of more than 30 days not accounted for in the work history, a written explanation is required.	<i>Be specific and factual</i>

SECTION 5 — Malpractice & Insurance

What To Check		Notes / Reminder
■	Current Malpractice Insurance Certificate Proof that the provider currently has active malpractice (professional liability) insurance coverage.	<i>Must show coverage dates</i>
■	Malpractice History — Past 10 Years A list of any malpractice claims filed against the provider in the past 10 years, even if resolved.	<i>Honesty is required</i>
■	Prior Malpractice Insurance Certificates Certificates from past malpractice policies showing continuous coverage throughout the provider's career.	<i>No coverage gaps allowed</i>
■	Tail Coverage Documentation (if applicable) If malpractice policy was 'claims-made' type and was cancelled, tail coverage documentation is needed.	<i>Ask prior insurer</i>

SECTION 6 — Practice & Organization Documents

What To Check		Notes / Reminder
■	Group / Practice NPI (Type 2) The practice or group's organizational NPI number from the NPPES registry.	<i>Different from individual NPI</i>
■	Tax ID / EIN (W-9 Form) The practice's Federal Tax ID (Employer Identification Number) — typically found on the IRS W-9 form.	<i>Required for payment</i>
■	Practice License or Business Registration The practice's state business license or any facility/clinic license required to operate.	<i>Check state requirements</i>
■	CLIA Certificate (if lab services offered) Clinical Laboratory Improvement Amendments certificate if the practice performs any lab testing on-site.	<i>Required for lab billing</i>
■	Accreditation Certificates (if applicable) Any facility accreditation documents (e.g., The Joint Commission, NCQA) relevant to the practice.	<i>Preferred by some payers</i>

CREDENTIALING TIMELINE GUIDE

Step	Typical Timeframe	Action Required
Gather all documents	1–2 weeks	Use this checklist
Submit applications to payers	Week 2–3	Submit all at once
Payer review & processing	60–120 days	Follow up every 2 weeks
Approval & contract received	Day 90–150	Review contract carefully
Provider ID issued & billing begins	Day 150–180	Begin billing on effective date

■ **Important:** Do NOT let the provider bill insurance under their new practice until credentialing is fully approved. Billing before the effective credentialing date can result in claim denials, repayment demands, and possible fraud accusations.

Start credentialing at least 6 months before the provider's start date • Follow up every 2 weeks • Keep all documents 10 years