

CREDENTIALING APPLICATION

Practice Name:		Start Date:
Name: (Last, First & Middle)		
Address:		
Telephone#:		Email Add:
Date of Birth:	Social Security No:	Gender:
Degree:		Specialty:
Certifying Board:		Individual NPI No:
NPI Username:		NPI Password:
License No:	State:	Expiration Date:
Other License No: (If applicable)	State:	Expiration Date:
DEA No: (If applicable)	State:	Expiration Date:
CDS No: (If applicable)	State:	Expiration Date:
CAQH Username:		CAQH Password:
ADA Username: (For dental providers only)		ADA Password:
Languages Spoken:		Sign Language: (Yes/No)