



CREREDENTIALING CHECKLIST

- o Georgia Uniform Healthcare Credentialing or Reappointment Practitioner Application Form (GUHCPAF or GUHCPAF for Reappointment)
 - o GUHCPAF Part II (if applicable) o GUHCPAF Schedule A (if applicable)
 - o GUHCPAF Schedule B (if applicable) o GUHCPAF Schedule C (if applicable)

- o Two (2) HPS Agreements
- o Current Georgia License
- o Federal Narcotics License (DEA Registration)
- o Copy of W-9 Form

- o Declaration Page (Face Sheet) of Professional Liability Policy or Certificate of Insurance
- Professional Malpractice Suits/Claims: o Yes o No
- If yes, are details attached: o Yes o No
- Professional Sanctions Questions Completed: o Yes o No

- o Curriculum Vitae with month & year listed
 - o Explanation of any time gap attached o Not applicable

- o Diplomas and/or certificates of completion (e.g. medical school, internship, residency, fellowship, etc.)
- o Diplomate of National Board of Medical Examiners or Educational Commission for Foreign Medical Graduates (ECFMG) Certificate (if applicable)
- o Specialty/Subspecialty Board Certification Certificates or letter from Board(s) stating your status (if applicable)
- o Recent passport size photograph
- o Permanent Resident Card or Visa Status (if applicable)
- o Military Discharge Record (Form DD-214) if applicable
- o Covering Providers Listed o If applicable