

CCPA Initial Credentialing Checklist

Please use this checklist to assist you with completing the Children's Community Physicians Association (CCPA) initial credentialing application.

Physician Name _____ **Title:** _____

- Physician on staff at Ann & Robert H. Lurie Children's Hospital
 - No – Has request for application (RFA) been sent to CCPA
 - Curriculum Vitae (CV)
 - IL Controlled Substance License Number
 - Provide date applied if IL CSL# is not available
- Indiana Hospital Privilege - list hospital Medical Staff information on the IL Application
- CCPA Attestation Form Signed
- Completion of State of Illinois Gathering Form
 - Signed Page 2 – IL Attestation form
 - All Disclosure Questions answered
 - Forms A-F completed all Yes questions
 - Add email address to references listed
- Current CV – Employment History – (All gaps greater than 30-days explained in a typed signed letter).
*Dates on CV should have the months and years listed (ex. August 2021 – October 2022)
- Proof of Board Certification (Certificate or Letter)
 - Not Board Certified – Board Eligible (if eligible, date boards will be taken: _____)
- Current State Medical License
- Current State Controlled Substance License
- Current Federal DEA
- Current Certificate of Insurance
- Certificates
 - Medical School
 - ECFMG (if applicable)
 - Residency
 - Fellowship (if applicable)
- Check for credentialing fees (\$500 for PCPs and \$1000 for Specialists)

CCPA Forms

- Supplemental Questions Form
- Managed Care Participation Form
- Managed Care All Plan Election Form
- Special Interest & Media Survey
- Acknowledgement of Confidentiality Agreement
- Physician Master Agreement Execution Page

Only If New Practice

- CCPA Billing Information Form
- Practice's W-9
- CLIA
- Business Associate Agreement

Date sent to CCPA Staff: _____