

CCPA Recredentialing Checklist

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

Physician Name _____ **Title:** _____

- Physician on staff at Ann & Robert H. Lurie Children's Hospital
- Indiana Hospital Privilege - list hospital Medical Staff information on the IL Application
- CCPA Attestation Form Signed
- Completion of State of Illinois Recredentialing Gathering Form
 - Signed Page 2 – IL Attestation form
 - Forms A-F completed all Yes questions
 - All Disclosure Questions answered
- Current Curriculum Vitae (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

Date sent to CCPA: _____