



Serving the Counties Of  
Los Angeles, Orange,  
Riverside & San Bernardino

**PROVIDER CREDENTIALING CHECKLIST**

Failure to return the following documents will result in the return of your application and no processing will take place. Please mail or fax all requested documents to the above address:

DESCRIPTION	RECEIVED
Completed and signed California Participating Physician Application ( <b>CPPA</b> ) with signature ( <b>ENCLOSED</b> )	
Copy of Current Professional License Registration	
Copy of Current Drug Enforcement Administration ( <b>DEA</b> ) Certificate (if <b>APPLICABLE</b> )	
Controlled Dangerous Substances (CDS) registration (if <b>APPLICABLE</b> )	
Copy of <b>ECFMG</b> Certificate (if <b>APPLICABLE</b> )	
Copy of <b>CPR</b> Certificate	
Copy of Curriculum Vitae/Resume (if work history has 3 month gap or more, please explain)	
Copy of Appointment/Reappointment Letters from all Hospitals and Facilities at which you have privileges (if <b>APPLICABLE</b> )	
Copy of <b>Certificates/Diplomas</b> (e.g. Medical School, Residency, Fellowship Program)	
Copy of <b>Board Certificate</b> of Specialty or letter stating eligibility status (if <b>APPLICABLE</b> )	
Copy of <b>CME/CE/CU</b> ( last 2 years)	
Two Letter of Recommendation (preferably from your specialty area)	
<b>Current</b> Annual Health Examination/PPD Form, Copy of Immunization Card ( <b>Hepatitis—3, MMR,TD/Tdap, Influenza</b> )Vaccination/Waiver Form ( <b>ENCLOSED</b> )	
Copy of <b>Driver’s License</b> or <b>Governmental issued picture ID (Clear copy)</b> and Copy of <b>Social Security Card</b>	
Completed and signed W-9 Forms	
Completed and signed Privacy and Security of Protected Health Information ( <b>HIPAA</b> ) Agreement ( <b>ENCLOSED</b> )	