Carolinas HealthCare System

New Provider Form (PIF)
Physician and Dentist Support Staff
Please allow up to 30 business days from processing.

Date of Submission:

Provider Information

Full Legal Name: ☐M ☐F	**SSN:**	**DOB:** **Place of Birth:**	**NPI:**
Current Address:	City, State, Zip:		
Phone:	Alternate Phone:	Preferred Email: Alternate Email:	
Practicing Specialty:			

Title

- ☐ Audiologist
- ☐ Physician Rounder
- ☐ Social Worker
- ☐ Dental Assistant
- ☐ Registered Nurse
- ☐ Surgical Scrub Nurse
- ☐ Physical Therapist
- ☐ Scribe
- ☐ Surgical Technician
- ☐ Other_____

Practicing Setting

- ☐ Behavioral Health
- ☐ Cardiology
- ☐ Critical Care
- ☐ Emergency Department
- ☐ Hematology/Oncology
- ☐ Hospice/Palliative Care
- ☐ Medical/Surgical
- ☐ Neurology
- ☐ Operating Room
- ☐ Pediatrics
- ☐ Women's Center
- ☐ Other_____

Practice Information

Primary Practice:		
Practice Address		City, State, Zip:
Practice Phone:	Secure Fax:	**Start Date**:
Practice Manager/Contact:	**Phone:**	**Email**:
Sponsoring/Supervising Physician Full Name:		

Hospital Location Information

Primary location (if more than one location checked):
Anticipated Start Date:

☐ **Indicate if Emergency Medicine Provider (includes Behavioral Health ED providers)**

Hospital Locations you are applying for:

☐CMC/Mercy ☐CHS Pineville ☐CHS University ☐CHS Union ☐CHS Lincoln
☐CHS NorthEast ☐CHS Cleveland ☐CHS Kings Mountain ☐CHS Stanly ☐CHS Anson
☐Carolinas Rehabilitation Main ☐Carolinas Rehab-Mt. Holly ☐Carolinas Rehab–NorthEast

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Please complete electronically and forward the completed PIF along with the provider's current CV to
MSSproviderREQ@carolinashealthcare.org

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Physician and Dentist Support Staff Checklist

Thank you for choosing Carolinas HealthCare System! Below are the required documents that you will need to submit to complete the Physician/Dentist Support Staff application process. If at any time you are in need of assistance, please contact the Medical Staff Services office at (704) 355-2147.

Complete application & supporting documents must be returned within 10 business days.

- ☐ Enlarged, color copy of current state driver's license, government ID, or military ID
- ☐ Resume: Mandatory items listed on your resume should include: complete history for the last 7 (seven) years PDSS has lived, worked, gone to School - include city, state, and an explanation of all gaps in time during this 7 year time period.
- ☐ Negative (12 panel) Drug Screen (must be done independently and dated within 30 days of anticipated start date)
- ☐ Copy of current license/certification to practice in North Carolina
- ☐ Copy of license/certification to practice in any other state
- ☐ Copy of highest level of education diploma
- ☐ Copies of professional training certificates (e.g. surgical technologist, dental assistant, etc.)
- ☐ Certificate of Insurance reflecting Carolinas HealthCare System as the certificate holder and the applicant's name listed under the Physician/Dentist sponsor in the amount of no less than $1,000,000 per occurrence
  and $3,000,000 aggregate.
- ☐ Legible Copy of Visa/Work Authorization documentation, if applicable.
- ☐ Signed BLS Card, if applicable for discipline requested - (Only American Heart Association cards will be accepted and category must read "Healthcare Provider " or "BLS Provider". BLS card cannot expire within 90 days of application submission; Must be signed by the card holder; Must have instructor name and number listed. Roster or letter of class attendance will not be accepted.
- ☐ Federal Bureau of Investigation Fingerprint Criminal Background Check (for all non-licensed Hospice/ Long Term Care/Behavioral Health/Home Healthcare applicant) *Must be done independently*

Please email completed items to your Credentialing Specialist as they become available.