



Carolinah HealthCare System

Thank you for choosing Carolinas HealthCare System! Below are the required documents that you will need to submit to complete the credentialing process for medical staff privileging, managed care participation and government enrollment. If at any time you are in need of assistance, please contact the Medical Staff Services office at (704) 355-2147.

MEDICAL STAFF SERVICES DOCUMENTS	MANAGED HEALTH RESOURCES MANAGED CARE CREDENTIALING AND GOVERNMENT ENROLLMENT DOCUMENTS
<p>All applications must be returned within 5 business days.</p> <ul style="list-style-type: none"> ○ Copy of current C.V. (please include month/year format for all training and previous affiliations). ○ Copy of certificate of malpractice insurance showing coverage dates and limits (Can be uploaded into online application or emailed) ○ Explanation of gaps greater than 30 days since completion of medical school (if applicable) (Document these in your online application) ○ List of CME courses attended during the last three (3) years relevant to privileges requested (Can be uploaded into online application). ○ Completed Delineation of Privileges Form (should be mailed or emailed to you) ○ Signed/dated Code of Conduct Form (Part of online application) ○ Master's Degree (for NPs/PAs/CNMs) (Can be uploaded into online application). ○ National Certification certificate or letter (for NPs) (Can be uploaded into online application). ○ Medical School Diploma (for physicians only) (Can be uploaded into online application). 	<p>(THIS INFORMATION IS FOR EMPLOYED PROVIDERS ONLY)</p> <ul style="list-style-type: none"> ○ Signed NPI application update signature page (signed, not dated) ○ NPI Login & Password ○ Current NC or SC License Registration ○ DEA (valid, includes all schedules, & within NC or SC depending upon practice location) (for physicians/PAs/NPs/CNMs) ○ Board Certificate or Board Approval Letter (for physicians only) ○ Residency Certificate (for physician if not board certified) ○ Fellowship Certificate or Letter (required if physician is not board certified in their practicing sub-specialty) ○ ECFMG (If foreign medical school graduate) ○ If born outside the US submit one of the following to verify you are: (1) a US citizen; (2) a permanent resident of the US; or (3) otherwise legally authorized to work in the US; US Passport, I-94 Card, Green Card, Certificate of Citizenship or Proof of Employment Eligibility ○ 855I - Section 15 Certification Statement - 8 copies (signed, not dated) ○ 855R - Section 4A: Individual Practitioner - 8 copies (for physicians/NPs/LCSWs/CNMs)(signed, not dated) ○ Exclusion Sanction Questionnaire(A-K): Answer all questions: if you answer YES, you must attach a list with the date of each incident and also supporting documentation for each ○ NC Medicaid OA info(NCID username & password or OA's name, phone number, & email address) ○ Tricare Application Authorization Signature Pages (2) North (4) South ○ Loss Run Report ○ National Practitioner Data Bank (NPDB) Self Query ○ Liability Contract ○ Copy of Driver's license.

