

# 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** \_\_\_\_\_ **Degree:** \_\_\_\_\_

- ☐ 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 office information on the IL application
- ☐ CCPA attestation form signed and dated
- ☐ CCPA applicant addendum form signed and dated
- ☐ Completion of State of Illinois Gathering Form
  - ☐ Signed Page 2 – IL Attestation form
  - ☐ Forms A-F completed all Yes questions
  - ☐ All Disclosure Questions answered
  - ☐ 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
  - ☐ Residency
  - ☐ ECFMG (if applicable)
  - ☐ Fellowship (if applicable)
- ☐ Check for credentialing fees (\$500 for PCPs and \$1000 for Specialists)

## CCPA Forms

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

## Only If New Practice

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

**Date sent to CCPA Staff:** \_\_\_\_\_