

Organizational Provider Credentialing/Recredentialing Checklist

Applicant Name:		Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Recredentialing
Credentialing Designee:		
Application Process Dates	<input checked="" type="checkbox"/> or NA	
		Application sent to Provider
		Application returned to Credentialing Designee
		Application verified as complete, signed, dated
		If incomplete, returned to Provider
		Application resubmitted
		Application verified as complete, signed, dated
PSV Verification Dates	<input checked="" type="checkbox"/> or NA	
		State License (LARA) #:
		Expiration Date:
		Accreditation Expiration:
		General Commercial/Professional Liability Policy
		No Sanction per OIG
		No Sanction per SAM
		No Sanction per MDHHS
Decision Process Dates	<input checked="" type="checkbox"/> or NA	
		Clean file signed by designee
		File submitted to credentialing committee
		Committee decision rendered
		Applicant notified of decision
		Recredentialing date established (within two years)