



Please Read!

Credentialing Quick Reference Guide

In an effort to shorten the processing time for your credentialing application for HealthPartners, please follow these important tips listed below:

- Send in your <u>completed</u> application at least 90 days prior to your effective date of employment or practice start date. Incomplete applications will be returned to the applicant, which delays the processing of your application. The Credentialing Services Bureau (CSB) needs sufficient time to complete the entire credentialing process so that your participation status is in place when you are ready to start practicing.
- Medical/Graduate/Professional Education list all institutions of education and training and include the month and year of attendance. Provide complete addresses, phone and fax numbers as this assists in properly identifying the correct institution for verifying completion of the program. Include the name of the program director so that correspondence can be addressed appropriately.

 Do not leave any time gaps.
- Chronological Employment/Practice History identify all professional practice associations since completion of training. Provide complete addresses, phone and fax numbers. Include the month and year for dates of employment and provide an explanation of any gap in chronology. *Do not leave any time gaps*.
- Primary Hospital Affiliation/Other Hospital Affiliations identify all hospital affiliations, include the month and year for dates of affiliations. Provide the names, addresses, and phone numbers of facilities.

 Do not leave any time gaps.
- Malpractice Liability Insurance current copy must include amounts of coverage and expiration date.
- **Disclosure Questions**—complete all pages and sign and date. Read the questions carefully and answer accurately. Provide explanations for "yes answers. Use the malpractice addendum for any malpractice cases.
- **Authorization and Release** must have HealthPartners listed as the Entity.