Credentialing Request Form

APP/MD Resident ☐ Moonlighting Resident ☐
Signed Contract Attached? No ☐ Yes ☐ NA ☐
Contract Type: CCC Employed ☐ CentraCare Independent Contractor ☐

***Granting of hospital privileges takes 90 days from the submission of a complete request.**
Payer enrollment takes 90 days from the receipt of a completed application and applicable licenses. (Requests submitted with a less than 90-day timeframe will be reviewed by the Credentialing Department and the submitter will be contacted to discuss a more appropriate date.)

Date Need to be Credentialed By: _____
If unsure of start date, please contact Credentialing.

Non-CentraCare Practice or Locums: _____
Address: _____
City, State, Zip: _____
Cred. Contact: _____
Cred. Phone: _____
Cred. Email: _____

Name: _____
First, Middle, Last, MD, DO, CNP, etc.
Email: _____
Phone: _____

Practice Specialty: _____
Specialized Services or Procedures: _____

If APP/AHP, Collaborating Physician: _____

Telehealth Privileges ☐ No ☐ Yes
If yes, check all that apply
☐ Benson ☐ Long Prairie ☐ Melrose ☐ Monticello ☐ *Non-CentraCare:* _____
☐ Paynesville ☐ Redwood Falls ☐ Rice Memorial ☐ St Cloud _____
☐ Sauk Centre _____

Hospital Privileges ☐ No ☐ Yes
If yes, check all that apply
☐ Benson ☐ Long Prairie ☐ Melrose ☐ Monticello ☐ *Non-CentraCare:* _____
☐ Paynesville ☐ Redwood Falls ☐ Rice Memorial ☐ St Cloud _____
☐ Sauk Centre ☐ Plaza Surgery Center ☐ Willmar Surgery Center _____

Payer Credentialing ☐ No ☐ Yes
If Yes, complete all locations needing enrollment below

Primary Practice Location:		Additional Practice Location:	
Additional Practice Location:		Additional Practice Location:	
Additional Practice Location:		Additional Practice Location:	

Section Director/Hiring Manager: _____ Dept # _____ Date Submitted _____
Additional Contacts for Updates: _____

A **CV** is required for all initial credentialing requests.
An **executed employment agreement** is also required if the provider is a new CentraCare Employee/CentraCare Independent Contractor.
Credentialing will be held until these documents are received.

Email this form and relevant documents to: CredentialingInitialTeam@centracare.com