

## Provider Privileging and Credentialing Request Form

When complete email to: [CredentialingInitialTeam@centracare.com](mailto:CredentialingInitialTeam@centracare.com) with Signed Contract and CV

Signed Contract Attached?    No     Yes     NA – Locums

Locums Agency: \_\_\_\_\_

Locums Agency Contact Info: \_\_\_\_\_

Contract Type:    CCC Employed     CCH Employed     SCH Employed     Independent

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

Supervising Physician: \_\_\_\_\_  
MM/DD/YYYY

**\*Granting of hospital privileges takes 90 days from the submission of a complete request. Payer enrollment takes 120 days from the receipt of a completed application and applicable licenses. (Requests submitted with a less than 60-day timeframe will be reviewed by the Credentialing Department and the submitter will be contacted to discuss a more appropriate date.)**

Full Name w/Professional Designation: \_\_\_\_\_  
First, Middle, Last, MD, DO, CNP, etc.

Practicing Specialty: \_\_\_\_\_

FTE% \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Payer Credentialing**     No     Yes    *If requesting payer credentialing, please list billing facility: \_\_\_\_\_  
(where the revenue will go)*

If yes, check all that apply:

**Telemedicine Privileges**     No     Yes     St. Cloud     CentraCare SC     Midsota SS     Long Prairie     Melrose     Non-CentraCare \_\_\_\_\_  
 Monticello     Monticello SC     Paynesville     Sauk Centre     Urgency Center \_\_\_\_\_

**Temporary Privileges**     No     Yes

If yes, check all that apply:

**Hospital Privileges**     No     Yes     St. Cloud     CentraCare SC     Midsota SS     Long Prairie     Melrose     Non-CentraCare \_\_\_\_\_  
 Monticello     Monticello SC     Paynesville     Sauk Centre     Urgency Center \_\_\_\_\_

Primary Practice Location: \_\_\_\_\_    Additional Practice Location: \_\_\_\_\_

Additional Practice Location: \_\_\_\_\_    Additional Practice Location: \_\_\_\_\_

Additional Practice Location: \_\_\_\_\_    Additional Practice Location: \_\_\_\_\_

Section Director/Hiring Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Contacts for Updates: \_\_\_\_\_

Dept# \_\_\_\_\_