

CREDENTIALING FORM

Try Smartsheet for FREE

PERSONAL INFO

LAST NAME	FIRST NAME	DATE

ADDRESS

--

PHONE	EMAIL

SS#	Tax ID#	DL#

APPOINTMENT / REAPPOINTMENT

Application for appointment or reappointment, including authorization for release of information

--

PROFESSIONAL USE

AMA Profile	
Verification of Board Certification	
ECFMG Certification for graduates of international medical schools	

EDUCATION

Medical School Verification	
Date of Graduation	
Post-graduate Education	

LICENSES

LICENSE	VERIFICATION	EXPIRATION DATE
DEA	VERIFICATION	EXPIRATION DATE
DEA		
LIFE SUPPORT	VERIFICATION	EXPIRATION DATE
BLS		
ACLS		
PALS		
FLUOROSCOPY	VERIFICATION	EXPIRATION DATE
FLUOROSCOPY		

MALPRACTICE

Insurance Verification	
Expiration Date	
Claims History	

SANCTIONS

NPBD Check	
OIG Check	
FSMB Check	

PRIVILEGING

Information on privileges can be granted as provider	
OPPE Check	
FPPE Check	

OTHER

Peer References	
Health information, including required vaccinations	
Additional important information / comments	

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.