

**Reference guide for the Minnesota Uniform Credentialing Application: Physician/Allied Health Professional**  
The tips and instructions below are intended to help practitioners get through the credentialing process as quickly and efficiently as possible.

### Important tips

- Submit your application in a timely matter. For an Initial Application, this means at least 90 days prior to the date you intend to start providing services to PrimeWest Health members. PrimeWest Health needs sufficient time to complete the credentialing process so that your status as a contracted provider will be clear when you are ready to start providing services to PrimeWest Health members.
- A current Minnesota license should be submitted along with the application.
- Your Drug Enforcement Administration (DEA) certificate must list the address of your current or new Minnesota practice location. If your application for the DEA certificate is pending, forward the application and send the DEA certificate as soon as possible.
- Your current malpractice insurance certificate must include your name, amount of coverage, and expiration date. If your name is not listed on the certificate, include an attachment indicating which physicians are covered by the policy. If your application for malpractice insurance is pending, forward the application and then send the certificate as soon as possible.
- During the application process, PrimeWest Health will contact you if information is missing or expired or if we need your help to obtain the necessary verifications.

### Completing the application

- Print or type legibly when filling out the application.
- Submit the application with all applicable sections completed. If a particular section does not pertain to you, mark it N/A.
- Personal Data: Be sure to include your date of birth and Social Security number. We need these items to identify you when obtaining verification information.
- Primary or Pending Practice Location/Additional Practice Location: Provide the complete address, federal tax ID, fax number, and credentialing contact information for each practicing location.
- Education/Training: List all institutions of education and training and include month and year of attendance. Provide complete addresses so we can correctly identify the institution. Also, include the name of the program director so we can address correspondence appropriately.
- Employment/Practice History: Identify all professional practice associations since completion of training. Include month and year of employment and provide an explanation for employment gaps greater than three (3) months. Additional space is provided on page 16 of the Initial Credentialing Application and page 12 of the Reappointment Application. You may make additional copies.
- Primary Hospital Affiliation/Other Hospital Affiliations: Identify all hospital affiliations past, present, and pending. Include month and year of hospital affiliation and be sure to check if you have admitting privileges or not. Additional space is provided on page 17 of the Initial Credentialing Application and page 12 of the Reappointment Application. You may make additional copies.
- Specialty/Subspecialty Certification: If board-certified, list each board and identify whether certification is through the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or other board affiliation. If not certified, state your intent for certification and describe the status of your efforts and eligibility, including scheduled exam dates, past failures, or oral exams, if any.
- Licensure: List all past, current, and pending professional licenses
- Professional Liability Insurance Information: Provide names of all malpractice carriers for the past five (5) years, including agent, address, policy number, and group name, if available
- Professional/Peer References: List three (3) professional peers who have personal knowledge of your current clinical skills, abilities, judgment, professional performance, and clinical competence or have been responsible for professional observation of your work. Limit to one (1) current office associate. Do not include your residency director, fellowship director, relatives, or pending partners.
- Disclosure Questions: Answer all disclosure questions on pages 10 – 11 of the Initial Credentialing Application and pages 7 – 8 of the Reappointment Application. Read these carefully and provide a detailed explanation for any question answered “yes.” Discrepancies here can cause significant delays in the application process.
- On the Initial Application, sign and date the Attestation, Authorization and Release, Medicare/Medicaid and Other Government Reimbursement Programs Penalty Statement, Continuing Education, and Signature/DEA verification areas on the application. On the Reappointment Application, sign and date the Attestation, Authorization and Release, and the Continuing Education Attestation. Do not use signature or date stamps.