

Credentialing Application Instructions

Credentialing Application Request:

Use this web form to [request a credentialing application](#) for membership and privileges at a North Memorial Health facility.

Preparation:

To ensure a successful and timely credentialing process, please gather the following information prior to beginning your application. All application fields must be complete and all required documents must be uploaded at the time of submission.

Required Information:

- ✓ Medical Licensure. Please include all active or expired medical licenses from any state which has granted a medical license to you since medical or professional school, including licenses granted, but never used.
- ✓ Education & Training. Please provide complete training institution information and dates of training for medical school, internships, residencies and fellowships, including training in progress and training that was never completed.
- ✓ Board Certification. Please include all active or expired board certifications.
- ✓ Other Certifications. Certain privileges require ACLS, BLS, and/or PALS certifications.
- ✓ Malpractice Liability Insurance. Please include a current certificate of liability insurance with minimum limits of \$1M per occurrence and \$3M aggregate.
- ✓ Malpractice Claim History. Please include any current open claim details or any prior dismissed or settled claim history from the time of completion of residency. Include carrier names, policy numbers, dates of claim, and settlement amounts. All activity must be explained in detail with supporting documentation.
- ✓ Hospital Affiliations. Please include all hospitals at which you now, or have ever held privileges, in any state, from completion of residency to present, including any facility at which privileges were granted, but never exercised.
- ✓ Professional Peer References. Please include (3) professional peers with your identical license level, who have directly observed your practice in the past 12 months.
- ✓ Employment History. Please include healthcare employment history only, since completion of training, including self-employment.
- ✓ Clinical Case Activity. In support of special privilege requests, applicants may be required to submit clinical case activity documentation as a measure of clinical competency.
- ✓ Disclosure Questions. Please answer all disclosure questions carefully, and to the best of your ability. Include a detailed explanation for any affirmative responses. Transparent disclosures are required for all applicants. Omissions of any history may be grounds for application withdrawal.
- ✓ Gaps in History. All gaps in employment or privilege history exceeding 90-days must be explained in writing.
- ✓ Health Information. Provide immunization records of MMR, Hep B, Varicella, Tdap/Tetanus, TB immune assay, Influenza, and COVID.

Application Support:

For technical questions contact: MSOWSupport@NorthMemorial.com

For application content questions contact: InitialCredentialing@NorthMemorial.com