

## PHYSICIAN CHECKLIST

Credentialing with insurance plans, hospitals, and surgery centers involves an extensive application process that includes the submission of support documents. Below is a list of the support documents and information needed to fulfill the application requirements.

To ensure timely processing of your applications, please submit the requested information **within 14 days** of your acceptance of the employment agreement with ROC. All information can be submitted via the contact information provided below (email, fax, or mail).

- Curriculum Vitae (CV) – **Format must reflect MM/YY begin AND end dates for employment and education. Include your new employment with ROC.**
- Current Government Issue ID – Color copy (Driver’s License, State Issued ID, Passport, or Visa)
- Evidence of Education:  Undergraduate diploma,  Medical/professional diploma
- Postgraduate Education:  Certificate of internship,  Certificate of residency,  Certificate of fellowship (if you are currently in a program, please provide a letter/reference from your coordinator reflecting good standing & expected completion date.)
- Evidence of Specialty Board Certification, Eligibility, and/or Admissibility
- Current State License(s) to practice medicine/health care
- Nevada State Pharmacy Controlled Substance License
- Current Federal DEA Registration Certificate(s)
- Certificate of Malpractice Insurance:  Current coverage,  Prior 10 years of coverage
- Life Support Training Certificates (e.g., CPR, ACLS, ATLS, BLS, NALS, PALS)
- QuantiFERON or T-SPOT Test (valid within the past 12 months)
- Flu Shot or Declination (valid within the past 12 months)
- Vaccination History or Titers = HepB, Mumps, Measles, Rubella, and Varicella
- COVID Vaccination or Exemption Letter
- One recent color photo – (passport style: front-facing, from the shoulder up, plain background)
- Case / Procedure / Activity Logs for the past 2 years - **Admit and Discharge Dates, Provider and Entity Name, Procedure Description, DX. Log must be HIPPA compliant.**
- ECFMG Certification – Provide certificate (international medical graduates only)
- Military Service DD214 - (for military providers only)
- CAQH username & password - <https://proview.caqh.org/Login/Index?ReturnUrl=%2fPR>
- NPPES username & password - [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes)

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Contact and document submission information:  
555 N Arlington Avenue  
Reno, NV 89503

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