CAQH ProView Profile Completion Checklist

Every Field and Document You Need to Complete Your Profile

About CAQH ProView: CAQH ProView is a universal provider credentialing database used by over 90% of health plans. A complete, accurate CAQH profile significantly accelerates payer enrollment. This checklist covers every section.

Before You Start

- [ ] Register at proview.caqh.org and obtain your CAQH ID number **Required**
- [ ] Have your NPI number ready (Type 1 individual) **Required**
- [ ] Gather all documents listed below before beginning data entry **Required**

Section 1: Personal Information

- [ ] Legal name (must match license exactly) **Required**
- [ ] Previous/maiden names (all names used professionally) **Required**
- [ ] Date of birth **Required**
- [ ] Social Security Number **Required**
- [ ] Gender **Required**
- [ ] Home address **Required**
- [ ] Contact phone and email **Required**
- [ ] Languages spoken Optional

Section 2: Professional IDs

- [ ] NPI Number (Type 1) **Required**

☐ State CDS number (if applicable) Optional

☐ Medicare PTAN/PIN number (if enrolled) Optional

☐ Medicaid provider number (if enrolled) Optional

☐ UPIN (if applicable) Optional

Section 3: Education & Training

☐ Professional/medical school name, dates, degree **Required**

☐ Internship program name, dates, specialty **Required**

☐ Residency program name, dates, specialty **Required**

☐ Fellowship program (if applicable) Optional

☐ Board certification(s) — certifying board, specialty, dates **Required**

Section 4: State Licensure

☐ All active state medical licenses — state, number, issue/expiration dates **Required**

☐ Previous state licenses (even if expired/inactive) **Required**

☐ Upload copies of all current license certificates **Required**

Section 5: Work History

☐ Complete work history for past 5 years (minimum) **Required**

☐ Explanation for any gaps longer than 6 months **Required**

☐ Current employer/practice information **Required**

Section 6: Practice Locations

☐ Primary practice address (matches billing/NPI records) **Required**

☐ Additional practice locations Optional

☐ Practice phone, fax, email **Required**

☐ Office hours Optional

☐ Accepting new patients status **Required**

Section 7: Malpractice Insurance

☐ Current malpractice insurance carrier name **Required**

☐ Policy number and effective/expiration dates **Required**

☐ Coverage amounts (per occurrence and aggregate) **Required**

☐ Upload current Certificate of Insurance (COI) **Required**

☐ Malpractice claims history (past 10 years) **Required**

Section 8: Hospital Affiliations

☐ All current hospital privileges — hospital name, status, dates **Required**

☐ Previous hospital affiliations Optional

☐ Privilege type (active, courtesy, consulting) **Required**

Section 9: Professional References

☐ 3 peer references — name, specialty, phone, email **Required**

☐ References must be from same or similar specialty **Required**

☐ References must have worked with you within the last 2 years **Required**

Section 10: Attestation Questions

☐ Answer all attestation questions honestly **Required**

☐ Review and sign attestation electronically **Required**

Re-attestation reminder: You must re-attest your CAQH profile every 120 days. Set a calendar reminder. If your profile lapses, payers cannot process applications or verify your credentials.

Need help completing your CAQH profile? PayerReady assists providers with profile setup and maintenance. Visit payerready.com or call (209) 444-7244.