

Provider Onboarding Document Checklist

Every Document You Need Before Starting Credentialing

About this checklist: Collect all documents on this list before submitting your first credentialing application. Missing documents are the #1 cause of delays. Check off each item as you gather it.

Identity & Personal Documents

- Government-issued photo ID (driver's license or passport) **Required**
- Social Security card or documentation **Required**
- Curriculum Vitae (CV) — complete, no gaps longer than 6 months **Required**
- Passport-style photo (some applications require this) **Optional**

Licensure & Certifications

- Current state medical license(s) — copies of all active licenses **Required**
- DEA registration certificate **Required**
- State Controlled Substance (CDS) license (if required by state) **Optional**
- Board certification certificate(s) **Required**
- BLS/ACLS/PALS certification (if applicable) **Optional**
- Specialty certifications (if applicable) **Optional**

Provider Identification Numbers

- NPI Number (Type 1 — individual) **Required**
- NPI Number (Type 2 — organizational, if applicable) **Optional**
- CAQH ProView ID number **Required**

Medicare PTAN number (if previously enrolled) Optional

Medicaid provider number (if previously enrolled) Optional

Tax ID number (EIN or SSN for solo practitioners) **Required**

Education & Training Verification

Medical/professional school diploma **Required**

Internship completion certificate or letter **Required**

Residency completion certificate or letter **Required**

Fellowship completion certificate (if applicable) Optional

CME certificates (continuing medical education) Optional

Insurance & Liability

Current malpractice insurance Certificate of Insurance (COI) **Required**

Malpractice claims history / loss runs (past 10 years) **Required**

Previous malpractice insurance carrier information **Required**

Practice Information

Practice name and Tax ID (EIN) **Required**

Practice address(es) — must match NPI registry **Required**

Practice phone, fax, and email **Required**

W-9 form (completed and signed) **Required**

Office hours and appointment availability Optional

Practice website URL Optional

Hospital Privileges

Hospital privilege letter(s) — current status and dates **Required**

Admitting arrangement documentation (if no privileges) Optional

References

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

Confirm each reference is willing and available **Required**

Disclosure Documents

Explanation of any disciplinary actions (if applicable) **Optional**

Explanation of any criminal history (if applicable) **Optional**

Explanation of any gaps in work history longer than 6 months **Required**

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