Credentialing Checklist

Name: _____ **Hire date:** _____

☐ **BHRS Staff** ☐ **AOD Contractor** ☐ **MH Contractor**

Provider Type: _____

Avatar Access

☐ **Full Access** ☐ **Look-up Only** ☐ **Admin Access** ☐ **Non-Avatar**

Document Checklist

Documents	Submitted	Missing	Verified Initial	Comments
Credentialing Form				
Look-up Form				
Attestation				
License/Registration				
Certification				
NPI				
DEA				
OIG				
Medicare				Provided form to send to MIS upon Completion
PAVE				
Malpractice Insurance				
Compliance Training				
Other				

Verified By: Signature: _____ Date: _____