

Thank you for your interest in storing your credentialing information in the SKYGEN USA Credentialing Service. This free service is designed to help you save time, money, and administrative burden by enabling you to upload your credentialing information once, and then point payers to it whenever you receive a request for this information to join a network.

To ensure you use your time most efficiently, we have prepared this checklist of items you will need to complete the process. Please have all of them ready and available when you log in. If you do so, the process should only take roughly 15-20 minutes to add your full credentials to the database.

- ✓ **Demographic information (address, phone number, age, gender, and similar information)**
 - Personal
 - Practice
- ✓ **National Provider Identifier (NPI)**
- ✓ **Medical/Nursing/Dental/Other healthcare professional training school information**
- ✓ **Post-graduate education and training documentation (if applicable)**
- ✓ **Board certification (if applicable)**
- ✓ **Licensure information, including:**
 - Current licensure for each state where the healthcare professional practices
 - If unable to provide electronically, hard copies of each license
 - History of licensure
- ✓ **Anesthesia license (if required by applicable State law)**
- ✓ **Current DEA and controlled substance certificate(s) for each state where the healthcare professional practices**
- ✓ **Medicare program eligibility, enrollment, or opt-out (if applicable)**
- ✓ **Medicaid program information, including:**
 - Program participation in each state where the healthcare professional practices
 - Medicaid billing number
 - Copy of the Disclosure of Ownership form
- ✓ **Work history for the past 5 years**
- ✓ **Malpractice information, including:**
 - Insurance, or state-approved alternative, for each state where the healthcare professional practices
 - Copy of current liability insurance declaration sheet
 - Malpractice history, including currently pending claims, settlements and judgments paid by or on behalf of the healthcare professional
- ✓ **Hospital or health facility staff privileges (if applicable)**
- ✓ **Any professional disciplinary action by a:**
 - Hospital
 - Health facility
 - Managed care plan
 - Dental licensing board
 - Other administrative or government agency
- ✓ **Felony convictions**
- ✓ **Certain health concerns**



NOTE: You may also be asked for additional information SKYGEN USA deems appropriate at a given time or for a given situation.

If you have any questions, please contact us for additional details: CredentialingService@skygenusa.com or 855-934-9825