Credentialing by Proxy Intake

Instructions

Form Approved OMB XXXX-XXXX

Expires XX/XX/XXXX

Welcome to Indian Health Service

The Federal Health Program for American Indians/Alaska Natives

Our Mission:

Our Goal: The overall mission of the Indian Health Service is to raise the physical, mental, and social and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level.

To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indians & Alaska Native people.

Information and Tips for Completing the Electronic Credentialing by Proxy Intake Form

INSTRUCTIONS:

Enter all pertinent information, as applicable. Fill out all required sections and fields that are marked in Red; these are mandatory and must be completed to submit the application. At any point, the electronic intake form may be saved by clicking Save and completed at a later time. The blue toolbar at the top right provides additional help.

- Packet Documents included on the previous home screen are MANDATORY. These must be viewed and/or filled out and uploaded into the Files section on this application. Please note that any documents that require electronic signature are found at the end of the application.
- The Head Icon at the top right allows the applicant to change or reset the password and authorize account access to a delegate.
- Help Icon provides support if technical difficulties are encountered.
- Return To Application after submitting the application, where the completed intake form and supporting documents may be viewed, downloaded, or printed.

UPLOADING DOCUMENTS:

Completed documents and forms must be uploaded in the Files section of this

application. Please contact the Medical Staff Credentialing Coordinator for other delivery methods if technical difficulties are encountered.

ATTENTION: Misrepresentations, inaccuracies, or falsification of any information may be grounds for denial or termination of medical staff appointment and/or associated clinical privileges, and may be subject to the reporting requirements of the National Practitioner Data Bank (NPDB), and state and federal licensing boards.

INCOMPLETE ELECTRONIC INTAKE FORMS & MISSING DOCUMENTS: Intake forms with incomplete information or missing documents will be returned to the applicant and may delay the credentialing by proxy process.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [####-####]. This information collection is to be used in verifying an applicant's credentials to meet agency policy, Centers for Medicare Conditions of Participation requirements, and accrediting body standards. The time required to complete this information collection is estimated to average less than 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required to determine an applicant's credentials to provide healthcare (IHS IHM 3-1.4 C. (1-2), CMS CoP §482.12(a)(6) and §482.22(c)(4) and [the nature and extent of confidentiality to be provided, if any (the Privacy Act, 5 U.S.C. § 552a, 25 U.S.C. 1675; the Privacy Rule promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Part 160 and Subparts A and E of Part 164; the Indian Health Care Improvement Act, 25 U.S.C. § 1675; and the Confidentiality of Substance Use Disorder Patient Records regulations, 42 C.F.R. Part 2)]]. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, 5600 Fishers Lane, mailstop: 09E07, Rockville, MD 20857, Attention: Information Collections Clearance Officer.

Personal Information

Enter the requested information.

Mandatory fields are in Red. Click Edit to modify this section and Save to save the information entered.

First Name

Middle Name

Last Name

Degree

Birth Date

SSN

NPI

Cell

E-Mail

List all institutions and colleges where education and training was received. This includes all undergraduate education, graduate education, residencies, and fellowships. Also list all colleges where a degree was transferred from or not obtained. If the exact start or end date is unknown, please ensure that the month and year are correct.

Undergraduate

Type

Name

End Date

Degree Earned

Subject

Medical Education

Type

Name

End Date

Degree Earned

Subject

Licenses/Credentials

Enter the information for A LL i n a ct i v e a n d active state m ed i c al licenses.

State License

Type

State

License Number

Issue Date

Expiration Date

Board Certifications

List all board certifications currently held, if applicable.

Dental

Name

Certificate Number

Initial Certification

Expiration Date

Certification Status

Specialty

Certified In

Files 0 of 1 Required

Upload the following required document. Forms that require signature are either housed on the login screen, at the end of the application for electronic signature, or will be emailed to you.

1. Signed IHS Conditions of Application & Release Form (MUST be uploaded to submit application.)

To upload a digital document (pdf, jpg, etc):

1. Select Add
2. Select a File Type
3. Enter a Description (Optional)
4. Click onClick To Upload to browse for the file
5. Click Save to complete the upload

If unable to perform a document upload, please contact MD-App Support at 1-800-736-7276 or the Medical Staff Office. File Type

File Description

Expiration Date

Privileges

Privileges are specific to the facility

Review and request any privileges by clicking on the checkbox. If applicable, please review the core privileges and uncheck any core privileges for which you do not have current competency to perform.

Privileges are specific to the facility

Submit Application - Instructions

1. Click Submit Application. (Once the application has been submitted, you may go back to edit your data by clicking Unsubmit on the main login page. You may also print the application by clicking View Application.)
2. On the Electronic Signature page enter your complete and legal name, check the box indicating that you have read and agree to be bound by the Applicant's Certification Statement, and that to the best of your knowledge, all information provided on the application is true and accurate, and that no material or facts which would render the statement false, fictitious, or fraudulent is omitted.