

Community Health Services

Credentialing for CHS Board of Directors

Provider: _____ Date: _____

- _____ Ohio License
- _____ Board Certification
- _____ DEA Certificate
- _____ Degree/s
- _____ Curriculum Vitae
- _____ CHS Application with Information Release form
- _____ Background Check (CIC)
- _____ National Practitioner Data Bank Query Report
- _____ American Medical Association Report
- _____ Privileging Form
- _____ Photo ID (Driver's License)
- _____ Malpractice Insurance (Locum providers only)
- _____ Letter from Hospital of most recent Affiliation
- _____ Number of Reference Letters (2 are required)
- _____ Physical (completed within year of hire)

Completed by: _____