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| **PROVIDER’S CURRENT LEGAL NAME:**  |  |
| **[x]  INITIAL**  | **[ ]  RE-CREDENTIAL** | **EXP:**       |
| **PROVIDER AGENCY NAME:** |  |
| **PROVIDER AGENCY CODE:**  |  | **IDENTIFY WHICH ISLAND THECREDENTIALING FILE WILL BE HOUSED:****[ ]  Big Island [ ]  Kauai [ ]  Maui [ ]  Oahu** |
| **JOB TITLE/POSITION:** |  |
| **PROVIDER NPI # (REQUIRED):** | [ ]  *If Pending, please indicate* |

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| **1** | ATTESTATION[ ]  Attestation letter signed by Agency Credentialing Specialist(s) or Authorized Representative(s) attesting to file content[ ]  Date:       and signature within 180 days of CAMHD review and Approval* Original Letter should be submitted and a copy of the letter retained with the Agency
 |
| **2** | BACKGROUND VERIFICATION APPLICATION[ ]  All alias names identified in the application[ ]  Health Status Question answered [ ]  If negative answer, letters of explanation from provider attached[ ]  Letter(s) of support from Agency attached [ ]  Addressed in a previous Credentialing submission[ ]  All Restrictive Action Questions answered [ ]  If negative answer, letters of explanation from provider attached[ ]  Letter(s) of support from Agency attached [ ]  Addressed in a previous Credentialing submission[ ]  Provider received “Provider Rights”. (Provider Rights should be given to Provider and not re-submitted with this packet)[ ]  Date of Affirmation signature:       1[ ]  Signature within 180 days of CAMHD review and approval[ ]  All sections of the Application filled out completely |
| **3** | RESUME (Must be dated by the practitioner)[ ]  Date Prepared:       with month/year format and must be within 180 days of CAMHD review and approval |
| **4** | HAWAII CRIMINAL JUSTICE CENTER SEARCH[ ]  ECRIM - Adult Criminal Convictions verification date:       and must be within 180 days of CAMHD review and approval **(***Search for current legal name only)*[ ]  If record found, a complete printout, signed & dated is present [ ]  Letters of explanation from employee and supervisor are present[ ]  No records found printout signed & dated by person conducting query |

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| **5** | **NATIONAL SEX OFFENDER SEARCH**[ ]  National Sex Offender Search verification date:       and must be within 180 days of CAMHD review and approval [ ]  ALL aliases and name combinations searched[ ]  ALL US States and Territories included with search results[ ]  If record found, a complete printout, signed & dated is present [ ]  Letters of explanation from employee and supervisor are present[ ]  No records found printout signed & dated by person conducting query* 1st page of printout should indicate “no match” if the results contain hits that are not the applicant.
* If the printout is multiple pages, signature and date need only be on the 1st page
 |
| **6** | CHILD ABUSE & NEGLECT CHECKS[ ]  Consent to release information from Child Protective Services submitted* DHS Experimental; or FieldPrint Request

[ ]  Request form includes all alias names[ ]  Date of Verification:       and must be within 180 days of CAMHD approval* Verification must be the result of the Consent submitted (Search results should be based on the consent form that is submitted with this file).

[ ]  No records found[ ]  If record found, letters of explanation from employee and supervisor are present[ ]  CA/N Disclosure submitted[ ]  If “A”, possible positive CANs results is selected, letter of explanation from employee are present |
| **7** | EDUCATION *(Must mark one)*[ ]  Date of Verification:       [ ]  Received directly from the school; transcripts received sealed and un-opened[ ]  Received via telephone or official website verification – no time limit [ ]  Highest Completed Education:        [ ]  Date conferred:       [ ]  Re-Credentialing. No additional education *completed* since previous credentialing. |
| **8** | NATIONAL PRACTITIONER IDENTIFIER (NPI)* NPI required for ALL licensed applicants

[ ]  NPPES printout* Pages contain name and dated signature of person conducting the query
* Used Entity Type: 1-Individual NOT 2-Organization

[ ]  Name on NPI mirrors the MOST CURRENT name of the applicant[ ]  Taxonomy Identifies closely related scope of work and indicates Hawaii or null State  |

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| **9****N/A****[ ]**  | HAWAII LICENSE VERIFICATION/STATUS/COMPLAINTS\*\* Submit a copy of any license the applicant has (ex. RN, LPN, LSW, etc…) relative to their position/job.[ ]  If CSAC, verify CSAC certificate with ADAD. **(If applicable)** [ ]  Hawaii Professional and Vocational Licensing (PVL) Search[ ]  Date of Verification (printout present):       [ ]  All Verifications are within 180 days of CAMHD review and approval and all pages contain name and dated signature of person conducting the query |
| **10****N/A****[ ]**  | **HAWAII RICO COMPLAINT HISTORY SEARCH**[ ]  Date of Verification (printout present):       [ ]  Run both Archived and Current Searches on all aliases* Use LAST NAME only, no prefix or suffix ie: Mr., Ms., Jr., Sr.

[ ]  All Verifications are within 180 days of CAMHD review and approval and all pages contain name and dated signature of person conducting the query |
| **11****N/A****[ ]**  | **MEDICAID/MEDICARE SANCTIONS SEARCH**[ ]  Date of Verification (printout present):       [ ]  ALL aliases searched[ ]  All Verifications are within 180 days of CAMHD review and approval and all pages contain name and dated signature of person conducting the query |
| **12****N/A****[ ]**  | OTHER STATE LICENSES VERIFICATION *(if applicable)*[ ]  Name of State(s):           [ ]  Date of Verification:            and must be within 180 days of CAMHD review and approval* Status: [ ]  Active [ ]  Inactive

[ ]  Expiration / Cancellation date:           [ ]  Prior complaints verified, printout present (see section 9 for requirements)* Must be present for each state applicant is licensed in. May be on State’s licensure form

[ ]  Medicaid/Medicare Sanctions Search (If the search was previously run for section 11, duplication of search is not needed)[ ]  All Verifications are within 180 days of CAMHD review and approval[ ]  All pages contain name and dated signature of person conducting the query |
| *PRINT NAME OF THE PERSON COMPLETING THE CHECKLIST*

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FOR OFFICIAL USE ONLY

The undersigned credentialing staff has reviewed all of the submitted copies of primary source documents to ensure that they are in accordance to the established CAMHD MHP Background Verification Requirements. This file is found to be in compliance with the requirements and is recommended for approval by the CAMHD Credentialing Specialist on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  CAMHD CREDENTIALING STAFF DATE

BASED ON THE ABOVE PRIMARY SOURCE VERIFICATIONS THE CAMHD HAS GRANTED THE FOLLOWING DECISION:

**APPROVED FULL APPROVAL STATUS**

**DEFERRED – see letter requesting additional information.**

**DENIED – see letter stating reason for denial.**