



Checklist for Verification of Credentials

<b>Applicant Name:</b>					
Initial Credentialing <input type="checkbox"/>		Re-Credentialing <input type="checkbox"/>		Dual Eligible <input type="checkbox"/>	
<input type="checkbox"/> Verification <input type="checkbox"/>				Demonstration Project <input type="checkbox"/>	
Type of Credentialing: <input type="checkbox"/> CMHP		<input type="checkbox"/> QBHP		<input type="checkbox"/> CPS <input type="checkbox"/> CPC <input type="checkbox"/> MI Health Link	
<input type="checkbox"/> QMHP <input type="checkbox"/> QIDP		<input type="checkbox"/> SATS		<input type="checkbox"/> PAR <input type="checkbox"/> Other (i.e.) Recovery Coach, Peer Support - Specialist (please specify)	
<b>Agency Name:</b>					
<b>Date of Employment:</b>					
<b>New Hire (less than 1 year):</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/> Hire Date	
Psychologist <input type="checkbox"/>		Registered Nurse <input type="checkbox"/>		Social Worker <input type="checkbox"/> <input type="checkbox"/> Recreational Therapist	
M.D. <input type="checkbox"/> P.A. <input type="checkbox"/>		D.O. <input type="checkbox"/>		Professional Counselor <input type="checkbox"/>	
		Psychiatrist <input type="checkbox"/> NP <input type="checkbox"/>		Occupational Therapist <input type="checkbox"/> <input type="checkbox"/> Other:	
<b>Completed Application</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Copy of Diploma/Verification of Education (i.e. Official letter from School)</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<b>National Student Clearinghouse?</b>	
<b>Continuing Education/ # hrs. specific to credentialing discipline</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Work Experience (BA- &lt;3 yrs., Masters- &lt;1 yr.)</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Current copy of Resume</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Languages other than English</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<b>What Type?</b>	
<b>CAFAS Documentation (OPTIONAL)</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Release of Information signed</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>State of Michigan Licensure:</b>					
<b>Copy of Licensure/Certification and verification of authenticity</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<b>Licensed/Certified/Registered as:</b>					
<b>License Number:</b>		<b>License Expiration Date:</b>			
<b>Type of primary source verification used:</b>		<b>MDHHS: <input type="checkbox"/></b>		<b>Telephone: <input type="checkbox"/></b>	
		<b>Date of Verification: <input type="checkbox"/></b>		<b>System for Award Management: <input type="checkbox"/></b>	
				<b>Date of Verification:</b>	



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Suspension of License or Probation (proof of reinstatement)	Yes	No	N/A	Medicare Opt out: Date of Verification:
Does applicant have any open or closed formal complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Michigan Certification Board for Addiction Professionals (MCBAP)</b>				
Copy of Certification / Approved Development Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Certifications as:</b>				
Certification Number				
Certification Exp. Date:				
<b>Nominal Background Check Completed?</b>	Yes <input type="checkbox"/>		Source:	
Date Completed:				
<b>Office of Inspector General (OIG)</b>				
Was OIG records verified for applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Type of primary source verification source used:	OIG Website: <input type="checkbox"/>	OIG Sanctions List: <input type="checkbox"/>	Date of Verification:	NPI: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Verification: <b>CHAMPS ENROLLMENT</b>
Does applicant have any open or closed formal complaints from OIG verification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Was Disciplinary Action Taken/ if so what type:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Was the applicant listed as a sanctioned provider on the Medicaid Providers list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, please provide comments:
<b>National Practitioner Database/ Healthcare Integrity &amp; Protection (NPDB/HIP)</b>				
Does applicant have any NPDB sanctions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Insurance</b>				
Liability Insurance Coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>Please complete the following section for MD's, DO's, and PhD's only:</b>				
Provider #- Medicaid/Medicare/DEA/Substance Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Therapeutic Orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Board Certified/Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	



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<b>Does applicant have any NPDB sanctions?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
<b>Malpractice Insurance Coverage</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
<b>Copy of DEA/State Certificate</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
<b>Suspensions/Convictions/Dismissals</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
<b>I attest that I completed all of the above certification verifications:</b>				
<b>(Signature)</b>				
<b>Date:</b>				
<b>Action taken:</b>		<input type="checkbox"/> <b>Approved</b>		<input type="checkbox"/> <b>Deferred</b>
<b>If deferred, provide explanation:</b>				

**Checklist for Verification of Credentials (ACRONYMS)**

- Certified Prevention Consultant (CPC)
- Certified Prevention Specialist (CPS)
- Child & Adolescent Functional Assessment Scale (CAFAS)
- Community Health Automated Medicaid Processing System (CHAMPS)
- Child Mental Health Professional (CMHP)
- Drug Enforcement Administration (DEA)
- Doctor of Osteopathic Medicine (D.O.)
- Medical Doctor (M.D.)
- Michigan Certification Board for Addiction Professionals (MCBAP)
- Michigan Department of Health Human Services (MDHHS)
- National Practitioner Database (NPDB)
- National Practitioner Database/Healthcare Integrity & Protection (NPDB/HIP)
- National Provider Identifier Standard (NPI)
- Nurse Practitioner (NP)
- Pre Admission Review (PAR)
- Office of Inspector General (OIG)
- Physician Assistant (PA)
- Qualified Behavioral Health Professional (QBHP)
- Qualified Intellectual Disabilities Professional (QIDP)
- Qualified Mental Health Professional (QMHP)
- Substance Abuse Treatment Specialist (SATS)
- Substance Abuse Development Plan (SADP)
- Systems for Award Management (SAM.gov)