

IPN Credentialing Requirements

Credentialing Items Required Upon Initial Application Submission: <i>*Not supplying may lead to processing delays</i>	Attach Copy	Documented in Application	MD/DO/DPM	APRN	PA	All other provider types
State License for each state provider is contracting to practice in.	X	X	X	X	X Note: (ID) Must have a Collaborative Practice Agreement (CPA) or be employed by a facility w/ a credentialing & privileging program. (MT, WY, WA, OR) Must have participating supervising physician.	X
Current Malpractice Coverage Note: Minimum limits of liability are \$1 million per occurrence, \$3 million aggregate. Note: If malpractice coverage is for a future start date which aligns with practice start date, practitioner must attest to having zero coverage.	X Note: If facesheet attached, it must be current at time of credentialing review.	X Note: If documented in application, it must be current at time of practitioner attestation.	X	X	X	X
DEA/CS or Prescribing Plan (Rx Plan) Note: DEA or Rx Plan is needed for each state provider is contracting to practice in. (MD, DO, DPM, APRN)	X	X	X	X	X	NA Note: PHD's are now able to prescribe in Idaho. They should provide their DEA if they hold one, however an Rx Plan is not required if they do not hold a DEA.
Areas of Application to pay special attention to: <i>*Left incomplete may lead to processing delays</i>	Attach Copy	Documented in Application	MD/DO/DPM	APRN	PA	All other provider types
Graduate Education Information: - Attendance dates - University - Degree achieved	Not required to attach	X	X	X	X	X
Training: -Completion of Residency Program -Any additional training such as internships & fellowships if they apply -Attendance dates in month/year format	Not required to attach	X	X	NA	NA	NA
Boart Certification if attesting to being Board Certified on application.	Not required to attach	X	X	NA	NA	NA
Specialty: Providers can only be listed in the directory with a Specialty for which education and training can be verified.	Not required to attach	X	X	NA	X	NA
Active Hospital Admitting Privileges or admit plan (MD, DO, DPM, APRN) Note: Please provide the following for active admit privileges; - Can they admit (yes/no) - Facility Name - Status - Appointment Dates	X If no admit privileges, please supply admit plan	X	X	X	X	NA
Work History: Must provide the most recent five years of work history in month/year format. If licensed for less than five years, provide work history from date of initial licensure to current.	X Only required to attach if additional space is needed from what the application provides.	X	X	X	X	X
Provider Attestation Questions: Provider must answer all yes/no questions. The providers explanation must be supplied for any "yes" answers.	X Explanation for any "yes" answers must be supplied.	X	X	X	X	X