

Northwest Community Health Partners APPLICATION CHECKLIST

Good News!!

The PHO no longer requires submission of malpractice loss letters.

Due to time sensitivity of documentation, please do not sign and date all forms until ready to submit. (Provide current copies of licensure)

- _____ \$175 Check/Application Fee – *payable to Northwest Community Hospital*
Submit one check per application - combined checks not accepted
- _____ State of Illinois Form (PHO Application) – data entered/signed & dated
 - New applicants Form: www.idph.state.il.us/about/IDPH_credentiaing_form_97_pro.doc
 - Recredentialing Form: www.idph.state.il.us/about/IDPH_recredentialing_form_97_pro.doc
- _____ Release of Information Form
- _____ Release of Information and Liability Form
- _____ Malpractice Face Sheet – with limits & effective/expiration dates
- _____ State Medical License
- _____ State Controlled Substance License
- _____ Federal DEA License
- _____ Curriculum Vitae
- _____ W-9
- _____ NPI Electronic Confirmation Notice
- _____ Board Certificate/Letter
 - OR – (if not board certified)
- _____ 50 hours of CME credits in area of specialty (50% must be Category 1 credits)
- _____ Include Covering Physician Name(s) on application (see Office Site Info. section of application). ***Covering doctor(s) must also be a member of the PHO and practice in the same specialty.** (Contact PHO for a listing/roster, if needed)
- _____ If applicable, attach Explanation of Gap Form (Include explanation(s) for gaps over 30 days in employment or malpractice coverage.)
- _____ Complete/sign Form A, B, C, D, E, or F as applicable for each occurrence (found within last section of the application)

Please complete all forms in entirety and provide current licensure and documents.

INCOMPLETE APPLICATIONS WILL BE RETURNED.