



Checklist for Verification of Credentials

Applicant Name:					
Initial Credentialing <input type="checkbox"/>		Re-Credentialing <input type="checkbox"/>		Dual Eligible <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)	
Agency Name:					
Date of Employment:					
New Hire (less than 1 year):		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:	
Completed Application		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Copy of Diploma/Verification of Education (i.e. Official letter from School)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		National Student Clearinghouse?	
Continuing Education/ # hrs. specific to credentialing discipline		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Work Experience (BA- <3 yrs., Masters- <1 yr.)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Current copy of Resume		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Languages other than English		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		What Type?	
CAFAS Documentation (OPTIONAL)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Release of Information signed		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
State of Michigan Licensure:					
Copy of Licensure/Certification and verification of authenticity		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Licensed/Certified/Registered as:					
License Number:		License Expiration Date:			
Type of primary source verification used:		MDHHS: <input type="checkbox"/>		Telephone: <input type="checkbox"/>	
		Date of Verification: <input type="checkbox"/>		System for Award Management: <input type="checkbox"/>	
				Date of Verification:	



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Suspension of License or Probation (proof of reinstatement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	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"/>	
Michigan Certification Board for Addiction Professionals (MCBAP)				
Copy of Certification / Approved Development Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Certifications as:				
Certification Number				
Certification Exp. Date:				
Michigan Background Check Completed?	Yes <input type="checkbox"/>		Source:	
Date Completed:				
Office of Inspector General (OIG)				
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: CHAMPS ENROLLMENT
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:
National Practitioner Database/ Healthcare Integrity & Protection (NPDB/HIP)				
Does applicant have any NPDB sanctions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Insurance				
Liability Insurance Coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Please complete the following section for MD's, DO's, and PhD's only:				
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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Does applicant have any NPDB sanctions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Malpractice Insurance Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Copy of DEA/State Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Suspensions/Convictions/Dismissals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
I attest that I completed all of the above certification verifications:				
(Signature)				
Date:				
Action taken:		<input type="checkbox"/> Approved	<input type="checkbox"/> Deferred	
If deferred, provide explanation:				

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)



Checklist for Verification of Credentials

- 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)