PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

PHYSICIAN CHECK-LIST

Please complete the KHS Physician application, with addendums, relevant to your licensure or certification, and clinic practice. Upon receipt, all primary source verifications will be validated. Allow 60-120 days for completion of all primary source verifications to be completed including approval by the Physician Advisory Committee who will provide written notification of their decision and if approved, an effective date will also be provided. **Prospective applicants **should not** see any KFHC members until receipt of written notification.

You are entitled to the following considerations in this application process:

- You may review information submitted to us by primary sources in support of your application.
- You may correct erroneous information other than that protected by peer review laws, references and recommendations that we receive from any of the sources we use to verify your credentials. Corrections must be submitted in writing with documentation supporting the correction. You must request the correction prior to your records being reviewed by the Practitioner Advisory Committee if the information may affect the Committee's decision regarding your participation in the network.
- Upon request, we will inform you of the status of your application prior to being finalized.

I have enclosed the following CURRENT copies of:

		YES	NO	If not enclosed, expected date
1)	Medical License	☐	☐	_____
2)	DEA Certificate	☐	☐	_____
3)	Board/Residency Certificates	☐	☐	_____
4)	Professional Liability	☐	☐	_____
5)	General liability (office premise)	☐	☐	_____
6)	CV (month/year format)	☐	☐	_____
7)	CLIA Certificate (if applicable)	☐	☐	_____
8)	X-Ray License (if applicable)	☐	☐	_____
9)	DHCS Medi-Cal FFS Enrollment Confirmation	☐	☐	_____
10)	Completed CPPA including: **(Sign & date applicable pages even if Not Applicable)**	☐	☐	_____
	a. Addendum A	☐	☐	_____
	b. Addendum B	☐	☐	_____
	c. Attachment C	☐	☐	_____
	d. Attachment D	☐	☐	_____
	e. Attachment E	☐	☐	_____
11)	Hospital Affiliation	☐	☐	_____

Must be a Contracted hospital:
BMH, MH/MSW, Kern Medical, Delano Reg., Adventist Tehachapi, Adventist Bakersfield, BHH or Kern Valley

Comments:

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