



# MEDICAL CREDENTIALING DOCUMENT CHECKLIST

2026 Edition

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Everything your practice needs before submitting a single

**Prepared by MedSole RCM**

Provider Enrollment & Credentialing Services

Starting at \$99 per insurance | All payers. All states. All specialties.

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Valid through: December 2026

## How to Use This Checklist

This checklist covers every document and data point most payers require for initial credentialing and enrollment. Use it to:

- > Prepare provider files before engaging a credentialing company
- > Audit existing files for completeness
- > Onboard new providers with a standardized document collection process
- > Verify your current credentialing partner isn't missing critical items

### Instructions:

1. Print one copy per provider.
2. Check each item as you collect it.
3. Note any missing items or specific dates in the "Status/Notes" line.
4. Resolve all gaps **BEFORE** submitting applications.
5. Keep a completed copy in the provider's credentialing file.

#### **Critical Warning**

One missing document can delay enrollment by 4 to 6 weeks. This checklist prevents that. Ensure all documents are legible, current, and signed where applicable.

### Provider Information

Provider Name: \_\_\_\_\_

NPI: \_\_\_\_\_

## SECTION 1: Provider Identity & Contact

Full Legal Name (match license)

Status/Notes: \_\_\_\_\_

Professional Email Address

Status/Notes: \_\_\_\_\_

Date of Birth

Status/Notes: \_\_\_\_\_

Citizenship/Immigration Doc

Status/Notes: \_\_\_\_\_

Social Security Number

Status/Notes: \_\_\_\_\_

Recent Headshot (Photo)

Status/Notes: \_\_\_\_\_

Gender

Status/Notes: \_\_\_\_\_

Current CV (gap-free, m/y format)

Status/Notes: \_\_\_\_\_

Home Mailing Address

Status/Notes: \_\_\_\_\_

Languages Spoken

Status/Notes: \_\_\_\_\_

Direct Phone Number

Status/Notes: \_\_\_\_\_

COMPLETION: \_\_\_\_\_ / 11 items

## SECTION 2: National Identifiers & Registrations

NPI Number (Type 1 - Individual)

NPI: \_\_\_\_\_

PECOS Enrollment (Medicare)

Status/Notes: \_\_\_\_\_

NPI Number (Type 2 - Group)

NPI: \_\_\_\_\_

Taxonomy Code(s)

Code: \_\_\_\_\_

CAQH Provider ID

ID: \_\_\_\_\_

DEA Registration Certificate

Exp Date: \_\_\_\_\_

CAQH Login Credentials

CDS License (if state requires)

## SECTION 3: State Licensure

List all states where the provider will practice (including telehealth).

**Primary State License**

State: \_\_\_\_\_ License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Secondary State License**

State: \_\_\_\_\_ License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Tertiary State License**

State: \_\_\_\_\_ License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Interstate Compact Verification (IMLC/Psych/Compact)**

Status/Notes: \_\_\_\_\_

**COMPLETION: \_\_\_\_\_ / Items**

## SECTION 4: Education & Training

**Medical School Diploma**

Status/Notes: \_\_\_\_\_

**Board Certification**

Status/Notes: \_\_\_\_\_

**Residency Certificate**

Status/Notes: \_\_\_\_\_

**ECFMG (Foreign Grads)**

Status/Notes: \_\_\_\_\_

**Fellowship Certificate**

Status/Notes: \_\_\_\_\_

**CME Records (Current Year)**

Status/Notes: \_\_\_\_\_

**Internship Certificate**

Status/Notes: \_\_\_\_\_

**COMPLETION: \_\_\_\_\_ / 7 items**

## SECTION 5: Professional History

- 5-Year Work History (Month/Year accuracy)

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- Explanation of Gaps > 30 Days

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- Peer References (3 Current Contacts)

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- Hospital Affiliation Letters

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- Prior Malpractice Claims History (past 10 years)

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COMPLETION: \_\_\_\_ / 5 items

## SECTION 6: Insurance & Compliance

- Malpractice COI (Current)

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- General Liability Insurance

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- OIG Exclusion Check

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- SAM.gov Verification

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- Adverse Action Disclosure

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- Criminal Background Check

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COMPLETION: \_\_\_\_ / 6 items

## SECTION 7: Practice & Billing Info

- Practice Legal Name (W9)

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- Tax ID (TIN/EIN)

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- Practice Addresses (All locations)

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- Billing NPI (Group)

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- Voided Check (EFT Setup)

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- Phone/Fax/Email

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- Office Hours

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- Accessibility (ADA) Info

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## SECTION 8: Payer-Specific Requirements

- Collaborative Agreement (for NPs/PAs)

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- State Specific Attestations

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- Accreditation (JCAHO, AAAHC) - if applicable

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COMPLETION: \_\_\_\_ / Items

## CREDENTIALING READINESS SUMMARY

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Section	Score	Status
1. Identity & Contact	___ / 11	
2. National IDs	___ / 8	
3. Licensure	___ / ___	
4. Education	___ / 7	
5. Professional History	___ / 5	
6. Insurance	___ / 6	
7. Practice & Billing	___ / 10	
<b>TOTAL</b>	___ %	

### Assessment Guide:

# Stop Losing Revenue to Credentialing Delays.

- ✓ 99% First-Time Approval Rate
- ✓ 30-60 Day Enrollment Timelines
- ✓ Dedicated Credentialing Specialist

**Get Your Free Gap Assessment**

Or call us directly:  
**+1 (602) 563 5281**

MedSole RCM | Provider Enrollment & Credentialing Services

HIPAA Compliant | CAQH Certified | All Major Payers