**Online applications must be submitted within 10 business days.**

Thank you for choosing Atrium Health! Below are some required documents that you may need to submit to complete the credentialing process for privileging and payer credentialing/enrollment. If at any time you need assistance, please contact the Medical Staff Services office at (704) 355-2147.

**HOSPITAL PRIVILEGES**

**All Providers**

* + Professional photo taken within the last 6 months.
* DEA with North Carolina address – includes all schedules unless otherwise specified (This excludes CRNAs & Pathologists.)
* Copy of current license(s) to practice medicine – include all states in which you are licensed. (Nursing license for Advanced Practice Nurses)
* Copy of current curriculum vitae (C.V.). Month/Year format, include all hospital affiliations, work history and written explanation of all time gaps greater than 30 days
* Procedure case logs; documentation of current clinical competence within your primary and/or sub-specialty.
* Copy of current PPD (within last 12 months), annual Flu Vaccine (in season), Covid Vaccine Card and Immunization data
  + Copy of current certificate of malpractice insurance (COI) showing coverage dates, limits and Atrium Health as the cert holder
* (NPs) National Certification certificate or letter
* National Commission on Certification of Physician Assistants (NCCPA)

**Military providers**

* + Form DD214 Certificate of Release or other form of discharge certificates as applicable
  + Federal Tort Letter to confirm malpractice insurance coverage and claims history

**PAYER ENROLLMENT**

**Atrium Employed Providers excluding CRNAs**

**All Providers**

* + DEA with North Carolina address – includes all schedules unless otherwise specified – prepare a hand signed and
* dated document with an explanation of any missing/omitted schedules
* (If practicing in SC) South Carolina Controlled Substance Registration in addition to SC DEA
* Copy of Govt issued ID – Name must match NPPES NPI account. Name on all licenses must be a verifiable match to ID.

(Professional names will not be accepted.)

* Copy of current curriculum vitae (C.V.). Month/Year format, include allhospital affiliations, work history and time gaps.

Explanation of gaps >180 days must be provided in writing in a separate signed and dated letter (cannot accept electronic signatures)

**Physicians**

* NC Medical License (Copy of wallet card from the NCMB is required)
* Copy of Medical Degree certificate or copy of transcript
* Copy of Medical Specialty Board Certification
* (Not certified in primary specialty) Copy of Residency Certificate and Board exam status letter
* (Not certified in subspecialty) Copy of Fellowship Certificate or Letter
* National Practitioner Data Bank (NPDB) Self-Query (Electronic Version) – website is included on the next page
* Loss Run Report/Claims History – Last five years of malpractice claims which can be requested from your current malpractice

insurance carrier and/or Risk Management Department (whether there have been any claims filed or not)

**Advanced Practice Providers**

* Copy of Master’s Degree Certificate
* Please submit the name and email address of your current supervising physician. I you are a new graduate provide the name of

your Program Director or Clinical Preceptor, so we may obtain the necessary evaluation.

* (PhDs, PsyDs & LCSWs if applicable) Copy of Doctorate Diploma

**CRNAs**

CRNAs follow a different payer enrollment process with Ventra Health and may have different requirements.

**Medical Staff Services Website:**

<https://atriumhealth.org/for-employees/medical-staff-services>

**To track your progress through the Credentialing Process:**

<https://portalclient.echo-cloud.com/95033portal/credstatus/msldir.htm>

**North Carolina Medical Board:**

<http://www.ncmedboard.org>

**North Carolina Board of Nursing:**

<https://www.ncbon.com/>

**Drug Enforcement Administration:**

<https://www.deadiversion.usdoj.gov/>

**NPI Website:**

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

**National Provider Data Bank:**

<https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>

Revised: 10/2/23, 3/19/24