

NARBHA PM Form 3.20.2
Credentialing Application – Temporary Provisional
Last Revised: 08/18/2010



1300 S. Yale Street
Flagstaff, Arizona 86001
Telephone (928) 774-7128
Facsimile (928) 774-5665

General Instructions
Temporary/Provisional Credentialing Application

- ⇒ Complete this application in FULL. Responses may be neatly hand written or typed.
- ⇒ Attach additional sheets if there is insufficient space to respond on this form and make reference to the question being answered. Please provide 5 years of employment history.
- ⇒ For clarification of any portion of this application, please contact the Credentialing Department at NARBHA at 928-774-7128.

_____ **Date of Application**

_____ **Anticipated or Actual Start Date**

Personal Information

- Physician Nurse Practitioner Physician Assistant Psychologist Social Worker
 Counselor Marriage and Family Therapist Substance abuse counselor RN with 1 year BH experience

Legal Name: _____
Last First Middle

Professional Name Used: _____
Last First Middle

Other Names Known By: _____
(Example: Maiden, Previous Marriage, etc.)

Email address: _____ (If Applicable)

Sex: Male Female **SSN:** _____ - _____ - _____ **Date of Birth:** _____

Place of Birth: _____ **Citizenship:** _____

AHCCCS ID: _____ **NPI:** _____

Other Languages Spoken: _____

Agency Name: _____

Agency/Office Address: _____

City State Zip

Phone: (____) _____

This space for office use only

Initial/Re-Credentialing Application for Behavioral Health Professionals

Chronology of Professional Career/Employment History

Must provide 5 years of employment history. If related work history totals less than 5 years, please provide complete work history. Please account for all time spans following professional school. Gaps of thirty (30) days or more in employment history require a written explanation. The written explanation needs to be signed and dated. Please list all present and prior employers from oldest to most recent. Attach additional pages if necessary.

Employer: _____

Address: _____

City

State

Zip

Dates of Employment: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) **Phone:** (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Employer: _____

Address: _____

City

State

Zip

Dates of Employment: _____
(MM/YY to MM/YY)

Email address: _____ (If Applicable) **Phone:** (____) _____

What position/job title did you hold: _____

Supervisor/Manager: _____

Job Duties: _____

What was your reason for leaving the employer/practice: _____

Education

High school: _____

Address: _____

City

State

Zip

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Year Graduated? _____ **GED?** Yes No If No, years complete: _____

Other Educational Institution: _____

Address: _____

_____ City State Zip

Email address: _____ **Phone #:** _____

Graduation Date: _____ **Degree/Major:** _____
(MM/DD/YY)

Post-Graduate Educational Institution: _____

Address: _____

_____ City State Zip

Email address: _____ **Phone #:** _____

Graduation Date: _____ **Degree/Major:** _____
(MM/DD/YY)

Drug Enforcement Administration Certification (If Applicable)

DEA Certificate Number: _____ **Schedules Listed on Certificate:** _____

Currently Valid in Arizona: Yes No **Date Issued:** _____ **Expiration Date:** _____

Have you been denied or restricted in any of the six (6) different schedules allowed through the Drug Enforcement Administration Certification? Yes No If YES, please attach a detailed explanation.

Professional Licenses

Type of License	Date Issued/Expires	State	License #

Professional Board Certifications

Professional Board	Dated Issued/Expires	Additional Information
AZ Medical Board		
AZ Board of Nursing		
AZ Board of Osteopathic Examiners		
AZ Board of Psychiatry		
AZ Child & Adolescent Psychiatry		

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Professional/Criminal History/Disciplinary Actions

If any of the following questions is answered "yes", please give full details on a separate sheet of paper and attach. Answering yes to any of the following questions does not automatically disqualify your application. Each offense will be evaluated as to the gravity, time passed since office, and nature of the job sought.

1. Has your membership in any professional organization ever been denied, investigated, suspended, or revoked; or is any such action pending?
 Yes No Not Applicable
2. Has a renewal of any of your professional memberships ever been denied?
 Yes No Not Applicable
3. Have you ever been subject to any disciplinary proceedings by any professional association or organization; or is any such action pending?
 Yes No Not Applicable
4. Have any of your licenses, certifications, or registrations to practice any profession in any jurisdiction ever been investigated, suspended, restricted, or revoked?
 Yes No Not Applicable
5. Is any action currently pending to investigate, suspend, restrict or revoke any of your licenses, certificates, or registrations?
 Yes No Not Applicable
6. Have you had any clinical privileges at any agency, hospital, or managed care organization been suspended, restricted or revoked or has your membership on any hospital staff been suspended, restricted or revoked?
 Yes No Not Applicable
7. Has your narcotics registration certificate ever been limited, suspended, or revoked?
 Yes No Not Applicable
8. Have you ever been convicted of a felony, or are any charges currently pending?
 Yes No Not Applicable
9. Have you had any malpractice claims filed against you within the past ten years, or are any currently pending?
 Yes No Not Applicable
10. Have you ever had a Medicare or Medicaid sanction?
 Yes No Not Applicable
11. Have you been informed of any "Adverse Action Report(s)" or "Malpractice Payment" in your file at the National Practitioner Data Bank?
 Yes No Not Applicable
12. Have you ever resigned or been terminated in lieu of an investigation?
 Yes No Not Applicable

Release and Attestation

**NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY, INC.
APPLICATION FOR APPOINTMENT and/or CLINICAL PRIVILEGES
RELEASE AND ATTESTATION**

Name: _____

I hereby authorize Northern Arizona Regional Behavioral Health Authority, Inc., ("NARBHA"), PreCheck, their affiliates and authorized representatives to request or provide such information as described below to other hospitals, behavioral health authorities, health care institutions, health care providers, liability insurance carriers, health plans, other payers, and/or state or federal agencies requiring the same, when appropriate or required by law and agree to hold NARBHA, PreCheck, their affiliates and authorized representatives and any third party or staff harmless for providing or requesting such information.

In consideration of the processing of this application and regardless of whether I am granted privileges, I hereby release from liability and hold harmless, NARBHA, PreCheck, their affiliates and representatives and any third parties who provide privileged or confidential information regarding my professional competence, ethics and character when such information is provided in good faith and without malice in the normal scope of employment or service. Such immunity shall extend to any other hospital, professional medical staff, provider, health plan, payer, department, service or committee activities.

I extend absolute immunity to, and release from any and all liability, NARBHA, PreCheck, their affiliates, their authorized representatives and any third parties for any acts, communications, reports, records, statements, documents, recommendations or disclosures made in good faith and without malice within the usual scope of employment or service, involving me, performed, made, requested or received by NARBHA, PreCheck, their affiliates and authorized representatives to, from, or by any third party, including otherwise privileged or confidential information.

I specifically authorize NARBHA, PreCheck, their affiliates and authorized representatives to consult or share with one another and/or any third party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on my satisfaction of the criteria for initial or continued appointment to the professional staff, as well as to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties relating to such questions. I also specifically authorize and direct third parties to release said information to NARBHA, PreCheck, their affiliates and their authorized representatives.

I understand that it is my responsibility to provide complete and accurate documentation in support of my application for clinical privileges or for appointment to the professional staff of the entity for which credentialing services are provided, as designated on the application cover sheet. Such information shall be furnished in a timely manner to the satisfaction of the reviewing body. I also agree to provide updated, current information regarding all questions on this application/request form as may be requested by the credentialing body or its authorized representatives. A copy of this Release and Attestation signed by me shall have the same force and effect as the signed original.

BY SIGNING AND SUBMITTING THIS APPLICATION, I HEREBY ATTEST THAT ALL INFORMATION AND DOCUMENTATION PROVIDED IS COMPLETE AND CORRECT. I UNDERSTAND AND AGREE TO UPDATE ANY CHANGES IN THE INFORMATION PROVIDED IN MY APPLICATION.

I further attest to the following:

- Any reason or inability to perform essential functions of the position, with or without accommodation have been appropriately disclosed.
- There is no present illegal drug use on my part.
- Any history or loss of license and/or felony convictions have been disclosed.
- Any history or loss or limitation of privileges or any disciplinary actions have been disclosed.
- Current and correct malpractice insurance information has been noted.

I ACKNOWLEDGE THAT ANY MATERIAL, MISSTATEMENTS IN OR OMISSIONS FROM THIS APPLICATION MAY CONSTITUTE CAUSE FOR DENIAL OF MY APPLICATION FOR STAFF MEMBERSHIP OR PARTICIPATION.

Print Name

Signature

Date

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Please attach the following documents to your application:

- Copies of current professional licenses including CDS or DEA if applicable
- Malpractice insurance certificate (if not covered under agency insurance)

Failure to attach the necessary documents will delay the processing of your application.

All practitioners not practicing at a NARBHA contracted agency are subject to an onsite visit which is required as part of the credentialing process.

NARBHA maintains a fair credentialing and re-credentialing process. NARBHA does not discriminate against a provider solely on the basis of a professional's license or certification or due to the fact that the provider services high-risk populations and/or specializes in the treatment of costly conditions.

The provider is afforded the right to review information gathered related to his/her credentialing application and to correct any erroneous information submitted by another party. NARBHA is not required to reveal the course of information if the information is not obtained to meet organization credentialing verification requirements or if disclosure is prohibited by law.

NARBHA will notify the provider when information obtained through primary source verification process varies substantially from what the provider provided.

NARBHA ensures that the credentialing/re-credentialing information is kept confidential.

The provider has a right to be informed of the status of their application upon request.

Providers have the right to appeal credentialing decisions as per the credentialing policy PM Section 3.20.

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800.999.9861
713.861.5959
info@precheck.com
www.PreCheck.com

**NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY MED STAFF #7969
PRACTITIONER DISCLOSURE & AUTHORIZATION**

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____/____/____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ No. _____
Address: _____

Have you ever been convicted of a crime? Yes No
Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided or practiced for the past ten (10) years, starting with your current residency.

residency.	City	State	Dates	From:	To:
1.	_____ / _____	_____	_____	_____	_____
2.	_____ / _____	_____	_____	_____	_____
3.	_____ / _____	_____	_____	_____	_____
4.	_____ / _____	_____	_____	_____	_____
5.	_____ / _____	_____	_____	_____	_____
6.	_____ / _____	_____	_____	_____	_____
7.	_____ / _____	_____	_____	_____	_____
8.	_____ / _____	_____	_____	_____	_____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Northern Arizona Regional Behavioral Health Authority ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract or privileges. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, privileges or appointment to the extent permitted by law.

¹ The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

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ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____

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Para informacion en espanol, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051