



# FAX COVER SHEET

Thank you for completing the CAQH Provider Application.

You will use these forms to submit supporting documentation and authorize the release of your credentialing data to participating healthcare organizations. This page will serve as your fax cover sheet. Please assemble all pages as instructed, complete this form, and fax to:

**Fax Number 1-866-293-0414**

### Instructions:

The supplemental documentation requested in your application is listed below. For each of the documents that apply to you, please indicate the ID of the attachment, the number of pages for that attachment and the state of issue (if applicable). For each document, also indicate with an "X" if you are adding the document to the system (first time submitting that particular document) or replacing that previously submitted document.

### Documents requested in your application. [R] = Required, [CR] = Required only if you hold the listed certificate.

- ID Attachment**
- 000 Credentialing Application (Required for paper applications only)
  - 012 Board Certification Certificate
  - 014 CME/CEU Session Certificates
  - 003 Current Professional Liability Insurance Policy Face Sheet [R]
  - 025 Curriculum Vitae/Resume
  - 001 DEA Registration [CR]
  - 011 ECFMG Certificate
  - 014 Formal Post-Graduate Training Certificates
  - 007 Other State License(s)
  - 030 Permanent Resident Card or Visa Status [CR]

- ID Attachment**
- 046 Professional Liability Verification
  - 002 State Controlled Dangerous Substance (CDS) Certificate [CR]
  - 007 State License Certificate [R]
  - 004 W9 - Please submit especially for any newly reported tax ID numbers

Attachment ID (see above)	Number of Pages	Issuing State (if applicable)	Mark only one box for each document		Attachment ID (see above)	Number of Pages	Issuing State (if applicable)	Mark only one box for each document	
			Add	Change/ Replace				Add	Change/ Replace
Ex: 110	1	KS	X						