

Behavioral Consultant Solutions Employment checklist.

PLEASE COMPLETE ALL THE FOLLOWING TASKS BELOW AND ATTACHED. ONCE COMPLETE, PLEASE BRING ALL NECESSARY INFORMATION, IN ORDER, INSIDE A FILE FOLDER WITH YOUR NAME WRITTEN THE TAB. THANKS, AND WE ARE EXCITED ABOUT THE POSSIBILITY HAVING YOU ABOARD TO AID US IN PROVIDING SUPERIOR BEHAVIORAL HEALTH SERVICES.

- Application (Attached)
- Resume
- Everify Clearance (Provided by employer)
- Drug Screen (Provided by employer and required by facilities)
- Picture for name badge including credentials reflected on your licensure (example John Doe PMHNP-BC) aboard
- **Curriculum Vitae:** current up to date copy, **MUST** include the following information (**failure to supply the following information will prolong the process in obtaining carrier participation**): All MONTHS and YEARS in mm/yyyy format except as noted for education. Education must list beginning (mm/yyyy) and ending (mm/dd/yyyy) dates Professional References (equal or higher than your credentials)– either within the CV or listed on a separate sheet – with complete addresses to include phone and fax numbers, email address NPs and PAs – references must be from a MD or DO. program directors for residency/internship or fellowship of all schools and/or medical institutions
- **License:** copy for all states in which you practice, **MUST** be a legible copy suitable for scanning and/or faxing.
- **Federal DEA Certificate:** current copy – **MUST** be legible copy suitable for scanning and/or faxing.
- **Certificate of Insurance:** proof of malpractice insurance for the past 10 years to include a detailed summary of any claims pending (per occurrence – include dates, outcome, etc.).
- **Board Certification or Eligibility Letter:** copy – **MUST** be legible copy suitable for scanning and/or faxing. It cannot be the wallet card.
- **CME (Continuing Medical Education) List:** attendance for last two years
- **Photo ID:** copy of current driver's license, passport, any government issued ID

- **ECFMG (Educational Commission for Foreign Medical Graduates):** (if applicable) current copy– **MUST** be legible copy suitable for scanning and/or faxing.
- **Certificate/Degree:** copy of degree
- **NPI (National Provider Identifier):** copy of NPI letter issued containing your NPI number
- **NPPES (National Plan and Provider Enumeration System):** we need your username and password to log on to this system in order to maintain your NPI record to show your current Medicare assignments, if you are unaware of what your username and password is, please contact NPPES to obtain by calling 1-800-465-3203.
- **CAQH ProView (Council for Affordable Quality Healthcare):** We need your username and password to update your database profile. This application is used by the majority of carriers for credentialing. If you do not remember your info, please contact CAQH to obtain by calling 1-888-599-1771. If you do not currently have a CAQH account, then we will initiate a profile for you.
- **DMAS (VA Medicaid) –** Online account user name and password. If you do not have an account, we will initiate one for you.
- **Provider self-introduction statement:** Provide a written self-introduction describing your practice type/specialties/etc., at least one paragraph. **THIS IS REQUIRED FOR ALL BEHAVIORAL HEALTH PROVIDERS**



Behavioral Consultant Solutions LLC.

The Solution For All Your Behavioral Needs.