

DOCUMENT CHECKLIST FOR PHYSICIANS

The following is a list of required documents necessary to complete your application:

- _____ Copy of Curriculum Vitae or Resume
- _____ Copy of Medical School Diploma (as well as ECFMG Certificate, if applicable)
- _____ Copy of Internship, Residency, and Fellowship Certificates
- _____ Copy of Board Certification (if applicable)
- _____ Copy of Other Certifications (ATLS, ACLS, PALS, etc)
- _____ Copy of Current State Medical License(s)
- _____ Copy of DEA(s)
- _____ Copy of State Controlled Substance License(s) (if applicable)
- _____ Copy of Certificate of Professional Liability Insurance
- _____ Copy of Kansas Health Care Stabilization Fund or Nebraska Excess Liability Fund Coverage (if applicable)
- _____ NPI: National Provider Identifier Number
- _____ Government Issued Photo ID (i.e. driver's license, passport - **please do not fax – scan/mail only in color**)
- _____ Photo – any size (it will be scanned and resized as needed - **please do not fax – scan/mail only in color**)
- _____ Immunization Records (MMR, HepB, etc)
- _____ Influenza Vaccination (current year)
- _____ TB Test (within the last year including times and dates)
- _____ COVID-19 Vaccine (1st & 2nd Dose, Boosters)
- _____ Mandatory Reporting Certificate (**Iowa Applicants Only**)
- _____ Copy of Certificates of Previous 2 Years of CME's
- _____ SAFE Certification (**MO Applicants Only**)
- _____ Background Screening Authorization Form (Pages 1-3)

DOCUMENT CHECKLIST FOR APPS

The following is a list of required documents necessary to complete your application:

- _____ Copy of Curriculum Vitae or Resume
- _____ Copy of Undergraduate Diploma
- _____ Copy of Postgraduate / Master's Degree
- _____ Copy of Board Certification (if applicable)
- _____ Copy of Other Certifications (ATLS, ACLS, PALS, etc)
- _____ Copy of Current State Medical License(s)
- _____ Copy of DEA(s)
- _____ Copy of State Controlled Substance License(s) (if applicable)
- _____ Copy of Certificate of Professional Liability Insurance
- _____ Copy of Kansas Health Care Stabilization Fund or Nebraska Excess Liability Fund Coverage (if applicable)
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- _____ Background Screening Authorization Forms (Pages 1-3)