Rowan University
SCHOOL OF OSTEOPATHIC MEDICINE

MANAGED CARE ENROLLMENT PACKET CHECKLIST

THE FOLLOWING ITEMS *MUST* BE INCLUDED WITH ENROLLMENT PACKET:

☐ NJ MEDICAL LICENSE (IF APPLICABLE, PA LICENSE) (MUST provide current/active copy for NJ & PA licenses)

☐ DEA LICENSE (MUST HAVE NJ ADDRESS DISPLAYED ON LICENSE) (MUST provide current/active copy of NJ DEA license with a NJ address displayed since the insurance carrier will not accept with an out of state address)

☐ CDS LICENSE (MUST provide current/active NJ CDS license)

☐ MEDICAL SCHOOL DIPLOMA (MUST provide a copy of medical school diploma)

☐ INTERNSHIP CERTIFICATE (MUST provide internship certificate or combined intern/resident certificate)

☐ RESIDENCY CERTIFICATE (MUST provide resident certificate or combined intern/resident certificate)

☐ FELLOWSHIP CERTIFICATE (IF APPLICABLE) (MUST provide fellowship certificate if applicable)

☐ ECFMG CERTIFICATE (IF APPLICABLE) (MUST provide ECFMG certificate for out of the country graduate)

☐ BOARD CERTIFICATE (IF NOT BOARD CERTIFIED SEND BOARD ELIGIBILITY LETTER) (MUST provide board certificate for specialty or board eligibility letter stating that the provider is qualified to pursue board certification)

☐ RowanSOM MALPRACTICE COVERAGE LETTER (EFFECTIVE DATE SHOULD BE THE DATE OF HIRE) (MUST provide RowanSOM malpractice facesheet with Start Date as the effective date & current rolling expiration year)

☐ MALPRACTICE CLAIMS HISTORY REPORT & COVERAGE INFORMATION FOR THE PAST 10 YEARS FROM PREVIOUS EMPLOYER (MUST provide 10-years of malpractice insurance coverage history along with any malpractice case history reports whether the cases have been closed or still opened)

☐ HOSPITAL PRIVILEGES LETTER(S)
- If physician has applied for privileges, indicate hospital name:
  Indicate if Provider has applied for hospital privileges & if yes where has the provider applied to
- If hospital privileges are pending, indicate name of covering physician: Indicate if Provider's hospital privileges are PENDING, if yes, must indicate covering physician's name that will be able to sign "Covering Arrangement" statement but must be within the same group & PAR with all insurance carriers currently enrolled with RowanSOM

☐ CURRENT CV– UNIVERSITY FORMAT (Provide current updated CV with RowanSOM group information displayed)

☐ NPI ID#, NPI USER NAME AND PASSWORD TO UPDATE SYSTEM WITH UMDNJ'S INFORMATION. BE SURE THAT THE INFORMATION IS ON PAGE 2 OF THE APPLICATION. (Must provide NPI User Name and Password in order to update the NPPES application to reflect RowanSOM's group information, please make sure to ADD to Page 2 of the application) If the NPI User Name and Password are unknown, the PROVIDER ONLY, must call the NPPES Customer Service Dept at 800-465-3203 or via email at customerservice@npienumator.com & retrieve the log-on info)

☐ CAQH ID#, CAQH USER NAME AND PASSWORD, IF APPLICABLE. BE SURE THAT THE INFORMATION IS ON PAGE 2 OF THE APPLICATION. (Must provide CAQH User Name and Password if assigned in order to update the CAQH application to reflect RowanSOM's group information, please make sure to ADD to Page 2 of the application) If the CAQH ID#, User Name and Password are unknown the PROVIDER ONLY must call CAQH Customer Services Dept at 888-600-9802 to retrieve the log-on information)