

MEDICAL ONCOLOGY
APPLICATION CHECKLIST

Provider Name _____

<input type="checkbox"/>	Provider Agreement Please sign, date, and initial where indicated.
<input type="checkbox"/>	Curriculum Vitae Include a complete chronology of activities, with the last ten years being detailed by "mo/yr – mo/yr"; gaps in chronology must be accounted for and explained. If you work temporary/locums assignments, your CV must reflect ALL assignments during the last ten years. Also, please type the date your CV was prepared.
<input type="checkbox"/>	Data Sheet Complete, sign and date. (PLEASE NOTE: writing "see CV" is not acceptable; answer all questions – if answering "Yes" to any, please include a separate explanation; include four (4) professional references that you have worked with within the last year; specifically, the references must be colleagues in your specialty, referring physicians, or previous supervisors that you have had clinical contact with in the last twelve (12) months.)
<input type="checkbox"/>	Medical School Diploma (copy)
<input type="checkbox"/>	Internship, Residency and Fellowship certificates (copies)
<input type="checkbox"/>	ECFMG or FMGM certificate (copy)
<input type="checkbox"/>	Specialty Board certificate(s) (copy)
<input type="checkbox"/>	Federal D.E.A. certificate (copy)
<input type="checkbox"/>	State License(s) with renewal card(s) (copies) Please include copies of inactive licenses.
<input type="checkbox"/>	CME credits (from the past two (2) years)
<input type="checkbox"/>	Release & Authorization Form Please sign and date.
<input type="checkbox"/>	W-9 Form
<input type="checkbox"/>	Travel Profile Form
<input type="checkbox"/>	Liability Insurance Application
<input type="checkbox"/>	Clinical Capabilities Form
<input type="checkbox"/>	Hepatitis B Form Please include copies of shot records and immunizations.
<input type="checkbox"/>	State CSP/CSC/CSR (controlled substance) certificate(s) Please include copies of active and inactive certificates.
<input type="checkbox"/>	3 Signed Passport Photos
<input type="checkbox"/>	Copy of Form DD214 (if prior Military)

Please return the items listed above as soon as possible in order to complete and activate your file.