



HCA Credentialing Portal (HCP)

Delegate Reference Guide on
HCA Credentialing Portal or HCP

PARALLON®

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HCA Credentialing Portal (HCP)

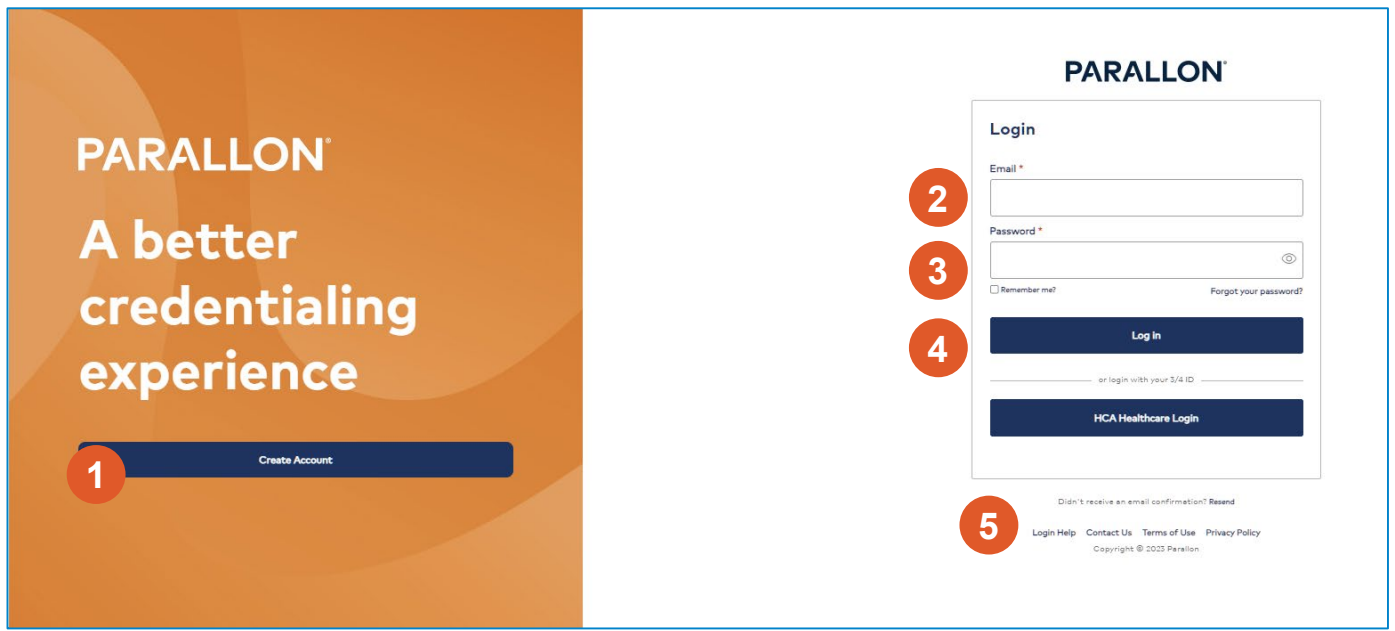
This reference guide for HCP is to assist delegates in HCP Navigation, updating practitioner profiles and completing a practitioner's credentialing packet for Request for Consideration (RFC) or Reappointment Request for Consideration (RRFC).



HCA Credentialing Portal (HCP)

Accessing HCP & Logging In

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Sign into the [Parallon Credentialing Portal](#).

1. If this is your first time logging in, you will need to select Create Account, and follow the prompts and email instructions. (see note below)
2. If you are a returning user, enter your Email.
3. Enter your Password.
4. Click Log In.
5. Login help is available by clicking the hyperlink "Login Help".

Notes:

- A delegate can use the last name and date of birth of any practitioner he or she supports when creating an account.
- If using remember me, you will be asked to re-authenticate or reset your password after a period of time due to security reasons.
- If you need job aids or micro-learnings on HCP navigation, visit HCA HealthCare's [Practitioner Credentialing Page](#).

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Identity Verification

Your login is protected with Two-Factor authentication. Choose a method below to verify your identity.

Method *

5 **Email**

Authorization code will be sent to l*****@yahoo.com.tst.

6

To verify your identity, HCP uses a two-factor authentication process.

5. Click Email to receive your six-digit authorization code.
6. Click Send Code.

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Identity Verification

Please enter the code that was sent to you below. If you did not receive a code, please [click here](#) to re-send the code.

Authentication Code *

Please enter the code that was sent to l*****@yahoo.com.tst

Remember this device?

Log In

[Login Help](#) [Contact Us](#) [Terms of Use](#) [Privacy Policy](#)

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7. Once received, enter your six-digit authentication code in the field provided.
8. Click Log In.

Note: If using “remember this device” you generally will not have to re-authorize due to your connection being saved. However, when logging in from the HCA Healthcare network, you may be asked to authorize your device each time.

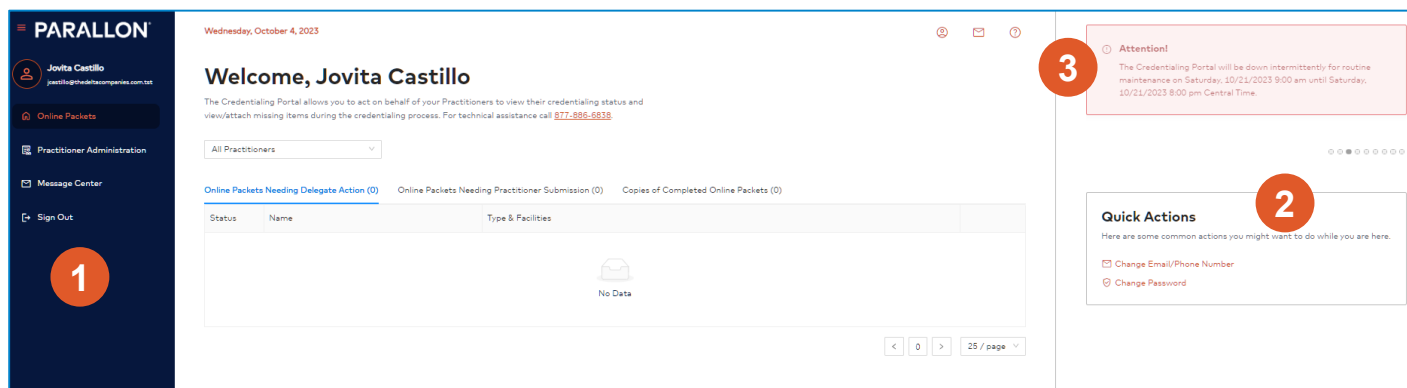


HCA Credentialing Portal (HCP)

General Navigation

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HCA Credentialing Portal (HCP)



The HCP Delegate landing page appears.

1. From the Left Navigation, you can navigate to:

Online Packets – Click here to act on behalf of the practitioner and access the practitioner’s credentialing packet.

Practitioner Administration - Click here to see a listing of practitioners the delegate is supporting or search for a specific practitioner. This view also allows practitioner profile edits.

Message Center - Click here to view system generated messages. Messages are only kept 90 days before deleted from view.

Sign Out – Click here to sign out of HCP.

2. From the Right Navigation, you can navigate to Quick Actions to change the delegate’s:

Email

Phone Number

HCP Password.

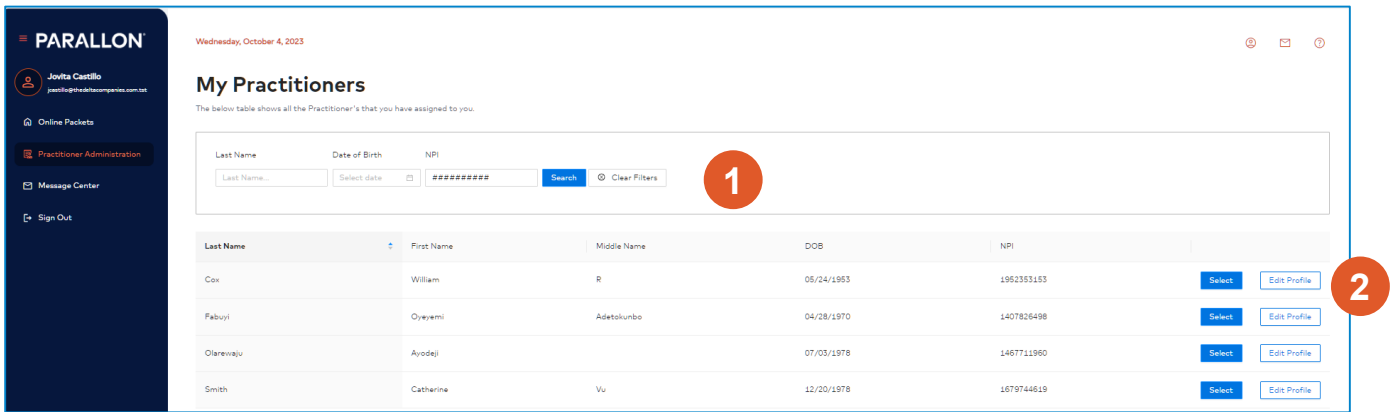
3. A scrolling notification provides pertinent information to practitioners and delegates.



HCA Credentialing Portal (HCP)

Practitioner Management – Edit Practitioner Profile

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From the left navigation, click on Practitioner Management.

1. Look up a specific practitioner or choose a practitioner from the listing.
2. Click Edit Profile beside the practitioner name. This action allows you to edit practitioner:
 - a) Demographic Information
 - b) Home, Primary and Credentialing Address

William R Cox, MD

Here's a look at your practitioner's profile. You can change demographics or address information from here.

Demographic

Name William R Cox, MD

Email wcoxheart@comcast.net.tst

NPI 1952353153

DOB 05/24/1953

Delegate

Name Jovita Castillo

Email jcastillo@thedeltacompanies.com.tst

Phone 214-442-4438

Home Addresses

1201 Deborah Drive Southeast
Huntsville AL, 35801
P:256-509-1386

Primary Addresses

101 Sivley Rd SW.
Huntsville AL, 35801
P:256-265-1000
F:256-265-8920

Credentialing Addresses



HCA Credentialing Portal (HCP)

Practitioner Management – Emulate Practitioner

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HCA Credentialing Portal (HCP)

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Wednesday, October 4, 2023

Jovita Castillo
jcastillo@hcahealthcompens.com

Online Packets

Practitioner Administration

Message Center

Sign Out

My Practitioners

The below table shows all the Practitioner's that you have assigned to you.

Last Name Date of Birth NPI

Last Name... Select date [calendar icon] ##### Search Clear Filters

Last Name	First Name	Middle Name	DOB	NPI	Select	Edit Profile
Cox	William	R	05/24/1953	1952353153	Select	Edit Profile
Fabuyi	Oyeyemi	Adetokunbo	04/28/1970	1407826498	Select	Edit Profile
Olaresaju	Ayodeji		07/03/1978	1467711960	Select	Edit Profile
Smith	Catherine	Vu	12/20/1978	1679744619	Select	Edit Profile

From the left navigation, click on Practitioner Management.

1. Look up a specific practitioner or choose a practitioner from the listing.
2. Click Select beside the practitioner name.
3. This action allows you to Emulate what the practitioner sees.

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Wednesday, October 4, 2023

Dr. William R Cox, MD
wcoiheart@comcast.net

Stop Emulating Practitioner

Home

Credentialing Status

Outstanding Items

Expiring Items

Facilities

Resources & Help Center

Sign Out

Welcome, Dr. William R Cox, MD

The Credentialing Portal allows you to view your credentialing status and view/attach missing items during the credentialing process. For technical assistance call [877-886-6838](tel:877-886-6838).

0 Credentialing Status

0 Outstanding Items

0 Expiring Items

1 Facilities

View All Active Credentialing

Open Credentialing Packets

You have no open packets.

Welcome to your Credentialing Portal!

The Credentialing Portal allows you to view status and view/attach missing items during the credentialing process. For technical assistance call 877-886-6838. For credentialing process questions, contact the CPC phone number located on the Resources page.

Quick Actions

Here are some common actions you might want to do while you are here.

Update Profile

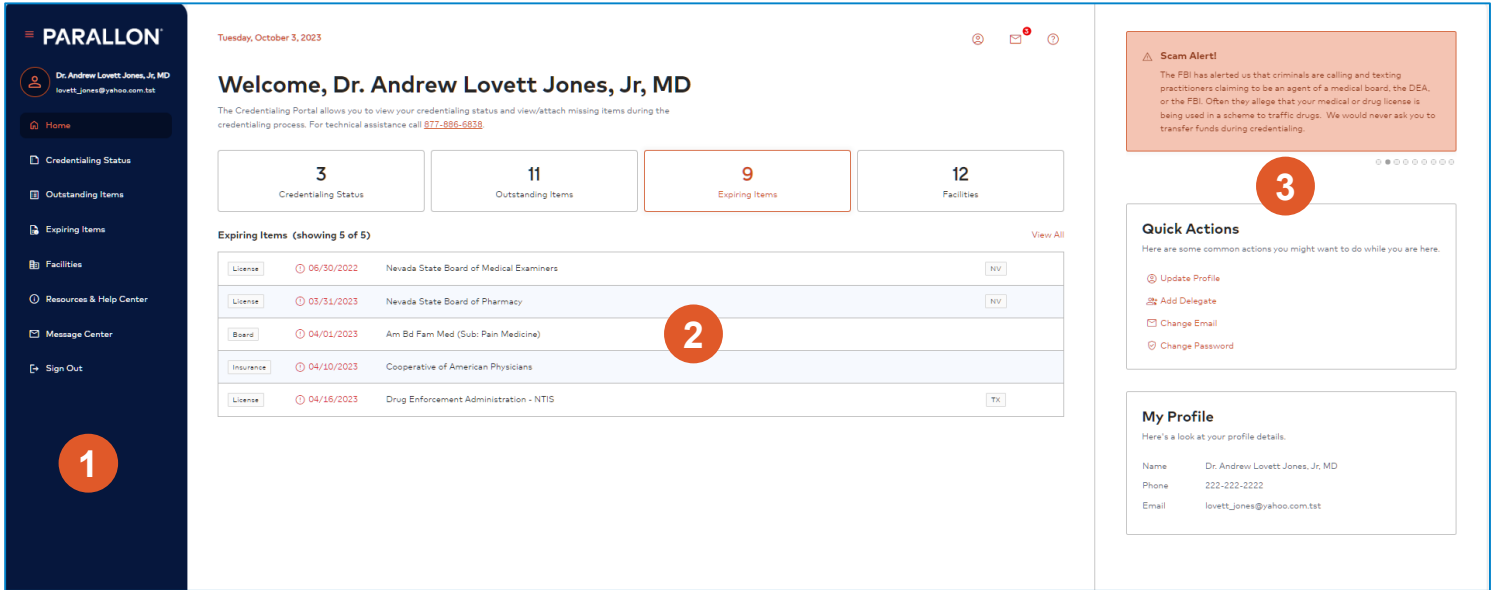
My Profile

Here's a look at your profile details.

Name Dr. William R Cox, MD

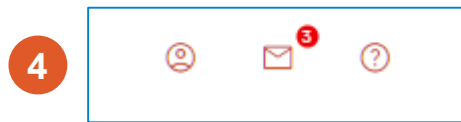
Phone 222-222-2222

Email wcoiheart@comcast.net



The HCP Practitioner landing page appears. You can navigate using the following:

1. Left Navigation
2. Center Dashboard Navigation
3. Right Navigation
4. Icons for practitioner profile, message center and help are located in the Center Dashboard upper right hand corner.



Note:

When emulating a practitioner, a delegate cannot make changes or upload documents; it is read-only view.

PARALLON

Tuesday, October 3, 2023

Credentialing Status

Dr. Andrew Lovett Jones, Jr, MD
lovett_jones@yahoo.com.tst

These are the items you or others need to submit before Parallon can complete your credentialing process. Additionally, you can view the items that have been verified by Parallon.

[Online Packets Needing Submission \(3\)](#) [Online Packets Needing Delegate Action \(0\)](#) [All Recent Credentialing Requests \(8\)](#) [Copies of Completed Online Packets \(0\)](#)

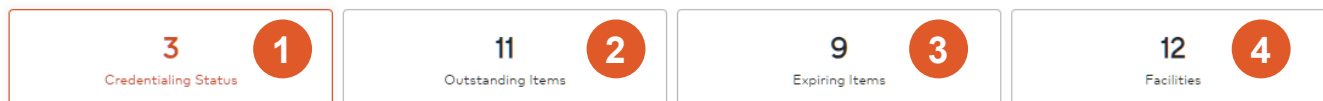
DOP Packet RFC	
Sent	04/06/2023
Facilities	Austin Endoscopy Center I - RFC, Austin Endoscopy Center II - RFC
Full Packet RFC	
Sent	

From the Left Navigation, you have the following options.

1. Home – Click here to return to the HCP home page.
2. Credentialing Status – Click here to view the status of your packet.
3. Outstanding Items – Click here to view outstanding packet items needed before Parallon can complete the credentialing process.
4. Expiring Items – Click here to view all items with an expiration date.
5. Facilities – Click here to view facility and privilege details.
6. Resources and Help Center – Click here to find documents, links and contact information for supporting Credentialing Processing Center or CPC.
7. Sign out – Click here to sign out of HCP.

Welcome, Dr. Andrew Lovett Jones, Jr, MD

The Credentialing Portal allows you to view your credentialing status and view/attach missing items during the credentialing process. For technical assistance call [877-886-6838](tel:877-886-6838).



Open Credentialing Packets (showing 3 of 3)

[View All Active Credentialing](#)

Under Review by Practitioner	DOP Packet RFC Austin Endoscopy Center I - RFC (1 more)	Work Packet
Under Review by Practitioner	Full Packet RFC Denver Endoscopy - RFC (3 more)	Work Packet
Under Review by Practitioner	Full Packet RFC Aurora Endoscopy Center - RFC (1 more)	Work Packet

Center Dashboard Navigation. Using the Key Performance Indicator or KPI boxes, you can navigate to:

1. Credentialing Status – The number indicates the number of open packets.
2. Outstanding Items – The number indicates the number of items that need to be submitted by either the practitioner or the entity before Parallon can complete the credentialing process.
3. Expiring Items – The number indicates the number items expiring within 1 - 45 days.
4. Facilities – The number represents the number of facilities or entities with open or requested privileges.

Note: A delegate cannot Work Packet from this view.

HCA Credentialing Portal (HCP)

1 Welcome to your Credentialing Portal!

The Credentialing Portal allows you to view status and view/attach missing items during the credentialing process. For technical assistance call 877-886-6838. For credentialing process questions, contact the CPC **1** the number located on the Resources page.

○ ○ ○ ○ ○ ● ○ ○ ○ ○

Quick Actions

Here are some common actions you might want to do while you are here.

👤 Update Profile **2**

👤 Add Delegate

✉ Change Email

🔒 Change Password

My Profile

Here's a look at your **3** details.

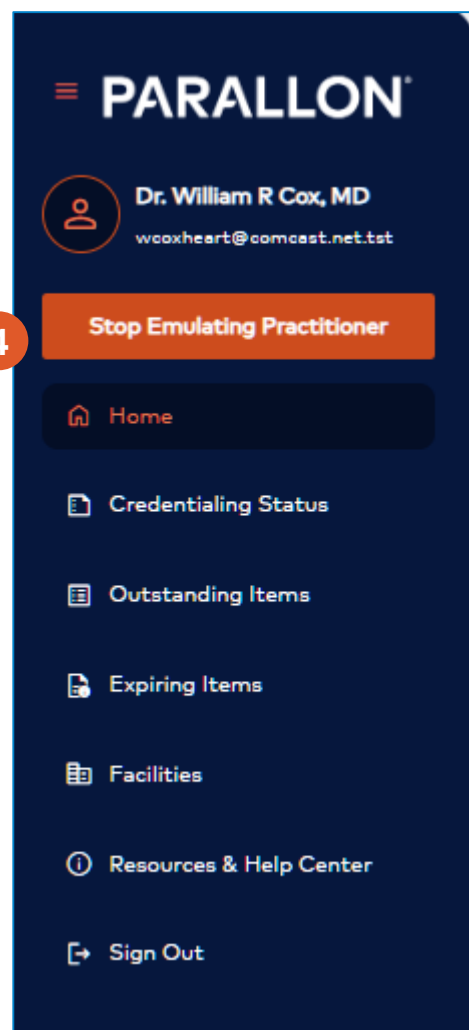
Name Dr. Andrew Lovett Jones, Jr, MD

Phone 222-222-2222

Email lovett_jones@yahoo.com.tst

Right Navigation includes:

1. A scrolling notification with pertinent information
2. Quick Actions – Practitioners can click here to update the profile information, delegate information, change email or change HCP password.
3. My Profile – shows a quick view of practitioner name, phone number and email address



4. From the Left Navigation, click Stop Emulating Practitioner to return to the Delegate HCP Landing Page.



HCA Credentialing Portal (HCP)

Accessing Credentialing Packet

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Wednesday, October 4, 2023

Welcome, Lisa Delegate

The Credentialing Portal allows you to act on behalf of your Practitioners to view their credentialing status and view/attach missing items during the credentialing process. For technical assistance call [877-886-6838](tel:877-886-6838).

All Practitioners

Online Packets Needing Delegate Action (1) Online Packets Needing Practitioner Submission (0) Copies of Completed Online Packets (0)

Status	Name	Type & Facilities	
Under Review by Delegate	Lion, Lisa L. (MD) TD0001100H -	Full Packet Arapahoe Endoscopy Center - RFC	Work

< 1 > 25 / page

1. From the Delegate landing page, click on Online Packets.
2. Click Work by the practitioner name, and the Request for Credentialing page appears.

Note:

The search can be narrowed by using the drop-down arrow beside All Practitioners.



HCA Credentialing Portal (HCP)

Credentialing Packet –Welcome

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Full Packet
Lisa Lion | 1 Facilities

This section is required for delegates

Identifying Information

Identifying Information

First Name * Lisa

Middle Name L.

Full Packet
Lisa Lion | 1 Facilities

This section is optional for delegates. To bypass this section, select Continue

CME Attestation Form

Instructions
Please complete the CME/CDE or CEU credit hours and category you received in the last 24 months. A copy of the program certificate(s) may be provided in the [Supplementary Documents](#) section. You are allowed up to 50 courses on this form.

Lisa L. Lion, MD

Have you completed any Continuing Medical Education within the last 24 months? *

As a delegate works through the credentialing packet, each requirement landing page has a message at the top stating either:

1. The section is required for delegates; color coded in yellow.
2. This section is optional for delegates. To Bypass this section, select Continue; color coded in blue.

Note:

Use these messages to ensure all sections required by the delegate are completed.

Full Packet Ginny Linden | 2 Facilities

Request for Credentialing

1 Introduction

1 **Instructions**
To complete your Full Packet please complete each section listed in the left hand menu. Next to each section is an indicator to denote whether the section needs to be worked, is invalid, or is complete. Below is a listing of the indicators and their meanings. When you're ready to start your Packet, click the **Start** button in the bottom right corner.

Every section of your Packet must be completed before you can complete the **Submit Packet** section.

a **Section Status Indicators**

- Section has not been completed.
- Section has validation errors.
- Section has been successfully completed.

2 **Facilities**

- St Davids Round Rock Medical Center - RFC
- St Davids South Austin Medical Center - RFC

3 **Need Help?**
If you have questions please contact your facility MSO or Credentialing Processing Center(CPC)

CPC Houston
713-448-2940 (Phone)
866-579-0803 (Toll Free)

For any technical issues please call 877-886-6838. For any other issues, please contact your facility's MSO.

For educational materials and tips on how to complete your packet, please visit our [Credentialing Support](#).

4 **Generated PDFs**

Generated PDFs Not Available At This Time.

5 **Full Packet**

6 **Start**

[Return to Packets](#)

The introduction section of the Request for Credentialing provides details of how to navigate through the credentialing packet process while showing all facilities where a practitioner is being credentialed.

From this page, you are able to access the following details:

1. Instructions - Provides details on how to navigate the Request/Re-Request for Consideration credentialing packet
 - a) Pay close attention to Section Status Indicators.
2. Facilities - Provides details of all facilities where the practitioner is being credentialed
3. Need Help - Provides details on who to contact for assistance as you are navigating the packet. There is also a hyperlink for additional training materials.
4. Generated PDFs – are standard files that will be used in the process.
5. The Left Navigation shows a listing of all requirements of the package.
6. Click Start to move to General Requirement.



HCA Credentialing Portal (HCP)

Credentialing Packet – General Requirement

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Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL

- Identifying Information
- Correspondence Address
- Home Addresses
- Credentialing Addresses
- Practice Locations

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

AFFILIATIONS & WORK HISTORY

REFERENCES

CALL COVERAGE

[Return to Packets](#)

Identifying Information

Identifying Information

First Name *

Middle Name

Last Name *

Suffix

Professional Designation (i.e. MD, DO, DPM, CRNA) *

Do you have a Maiden name? *

Other Names Used

Have you ever used any other name(s)? (i.e., married name, nickname) *

1. The following requirements are part of the General Requirement:

- Identifying Information – This provides all demographic details.
- Home Address – This provides the home address which will always be silent (meaning it will not appear on reporting that is shared outside the Medical Staff Office.)
- Credentialing Address – This will be the primary address used to service patients.
- Practice Locations – This is where the practitioner will perform their service.

2. The below will only display if there is a state application that requires state specific information:

- Correspondence Address – This provides the address to send all documentation regarding the credentialing process.
- HIPAA Compliant Address – This address will be used to share and send key details to the provider protecting Protected Health Information (PHI).

Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL

- Identifying Information
- Correspondence Address
- Home Addresses
- Credentialing Addresses
- Practice Locations

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

AFFILIATIONS & WORK HISTORY

REFERENCES

CALL COVERAGE

Return to Packets

Identifying Information

Identifying Information

First Name *

Middle Name

Last Name *

Suffix

Professional Designation (i.e. MD, DO, DPM, CRNA) *

Do you have a Maiden name? *

Other Names Used

Have you ever used any other name(s)? (i.e., married name, maiden name) *

1. Click on General. Then, click on Identifying Information.
2. All fields marked with a red asterisk (*) are required.
3. For fields *without* an asterisk, if you know the information being asked, please complete.
4. Contact your Medical Staff Office or your Credentialing Processing Center if any prepopulated, noneditable fields are incorrect i.e., name, NPI, etc.
5. Save and Continue to move on to the next requirement.

Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL
Identifying Information
Correspondence Address 1
Home Addresses
Credentialing Addresses
Practice Locations

Correspondence Address

Instructions
Please enter your correspondence address. If you do not wish to provide your correspondence address, please select **Not Applicable** below.

This section is not applicable 2

3 **Save & Continue** Save Reset Section

1. Click on Correspondence Address. If applicable, fill in the required fields, and then Save and Continue.
2. If the practitioner does not have a Correspondence Address, click in the box beside “This section is not applicable.”
3. Click Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL
Identifying Information
Correspondence Address
Home Addresses 4
Credentialing Addresses
Practice Locations

LICENSES & CERTIFICATIONS
INSURANCE
EDUCATION & TRAINING
SPECIALTIES & BOARDS
AFFILIATIONS & WORK HISTORY
REFERENCES
CALL COVERAGE
Return to Packets

Home Addresses

6 **Add Address**

Instructions
Please provide all addresses where you have lived for the past 7 years. For each address, user must select one of the following:

- o Current Home Address (You must have exactly one current home address)
- o Previous Home Address within last 7 years
- o Previous Home Address beyond 7 years
- o Never lived at this address

5	Status	Address	City	State	Postal Code	Phone #
Complete	Current Home Address	2288 Soaring Court	Dallas	TX	75088	863-532-0970

7 **Save & Continue** Save Reset Section

4. Click on Home addresses. Provide all addresses where the practitioner has lived for the past seven (7) years.
5. For prepopulated addresses, select Status and edit, if necessary.
6. To add a Home Address, click on the blue Add Address button and complete all required fields denoted with a red asterisk (*).
7. When finished, click Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

Credentialing Addresses

Instructions
Your credentialing address is the address where you would like us to send communication during your credentialing process. One current Credentialing Address is required.

Status	Address	Contact
Complete	160 Imperial Blvd Dallas TX, 75126	904-688-2482 DoctorGL@doctortest.com

1 Credentialing Addresses

2 Status

3 Add Address

4 Save & Continue

1. Click on Credentialing Addresses. This is the address where the practitioner wants communication sent during their credentialing process. One current Credentialing Address is required.
2. For prepopulated addresses, select Status and edit, if necessary.
3. To add a Credentialing Address, click on the blue Add Address button and complete all required fields denoted with a red asterisk (*).
4. When finished, click Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

Practice Locations 3 [Add Address](#)

Instructions
List all practice locations. One of the locations must be marked as your primary location.

2	Status	Address	Contact	Action
Complete	Primary 1	160 Imperial Blvd Dallas TX, 75126	904-688-2482 DoctorGL@doctortest.com	Edit

[←](#) 1 [→](#)

4 [Save & Continue](#) [Save](#) [Reset Section](#)

1. Click on Practice Locations. One of the locations must be marked as a primary location.
2. For prepopulated addresses, select Status and edit, if necessary.
3. To add a Practice Location, click on the blue Add Address button and complete all required fields denoted with a red asterisk (*).
4. When finished, click Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet –
Licenses & Certifications Requirement

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Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL

LICENSES & CERTIFICATIONS

- State Licenses** (1)
- DEA Licenses
- CDS Licenses
- Certifications

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

AFFILIATIONS & WORK HISTORY

REFERENCES

CALL COVERAGE

QUESTIONS & FORMS

[Return to Packets](#)

State Licenses

6 Add License

2 4

Instructions

- List all current and past professional State Licenses (including healthcare licenses in another discipline, e.g., previously licensed as a R.N., or Pharmacist).
- User must enter at least one state license for the state of entity(ies) for the packet. E.g. If applying at Summit Medical Center (TN) and Rose Medical Center (CO), user must enter a state license for TN and another for CO.
- You may list up to 50 licenses.

I do not plan to obtain a state license for the state of one or more entities in this packet.

3

	State	Status	License	Issued	Expiration	5
Complete	TX	5 Active	TX54324	01-01-2021	01-01-2024	Edit Undo Add
Incomplete	TX	Active	TX54897	02-01-2021	02-03-2023	Edit Undo Add

< 1 >

7 Save & Continue Save Reset Section

The requirement for Licenses and Certifications includes State Licenses, DEA Licenses, CDS Licenses, and Certifications. Each license screen allows you to enter all details regarding licenses that are appropriate to the practitioner's credentialing process.

1. Click on State Licenses.
2. Read instructions thoroughly.
3. List all current and past professional state licenses.
4. You must enter at least one State License for the state of the entity you are being credentialed.
5. For prepopulated Licenses, select Status and edit, if necessary.
6. To add a new License, click the Add License blue button and enter all required fields denoted with a red asterisk (*).
7. When finished, click Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

DEA Licenses 4 [Add License](#)

2

Instructions

- List all current DEA licenses
- You may list up to 20 licenses.

	State	Status	License	Issued	Expiration	
Complete	TX	3 <input type="text" value="Active"/>	TX35897		01-03-2024	<input type="button" value="Edit"/> <input type="button" value="Undo Add"/>
Complete	TX	<input type="text" value="Active"/>	TX5432900	01-01-2022	12-31-2023	<input type="button" value="Edit"/>

< 1 >

5

List all current DEA Licenses.

1. Click on DEA Licenses.
2. Read Instructions.
3. For prepopulated DEA Licenses, select Status and edit, if necessary.
4. To add a new DEA License, click the Add License blue button and enter all required fields denoted with a red asterisk (*).
5. When finished, Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

CDS Licenses 2 [Add License](#)

If you have none to add, please press [Save & Continue](#).

Instructions

- List all current State Controlled Substance Registration
- User may enter up to 20 CDS licenses.

State	Status	License	Issued	1	Expiration
-------	--------	---------	--------	---	------------

3 [Save & Continue](#) [Save](#) [Reset Section](#)

List all current State Controlled Substance Registration Licenses.

1. If there are none to add, click [Save and Continue](#).
2. To add a CDS License, click on the blue [Add License](#) button and fill out the required information denoted by a red asterisk(*).
3. When finished, click [Save and Continue](#).

Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL

LICENSES & CERTIFICATIONS
State Licenses
DEA Licenses
CDS Licenses
Certifications

INSURANCE

EDUCATION & TRAINING

Certifications

Looks like we do not have any Certifications on file for you. Start by adding one. If you have no certifications, press **Save & Continue**

Instructions
List all current life support certifications. If this packet contains CA facilities, also list for Radiologic Health Branch Permits. A copy of each certification is required and can be uploaded in the Supplementary Documents.

Certification	Expiration
---------------	------------

No Data

1 Save & Continue Save Reset Section

2 Add Certification

3

4

List all Life Support Certifications. Be sure to pay close attention to any State specific requirements.

1. If there are no certifications, click Save and Continue.
2. To add a Certification, click on the blue Add Certification button and complete the required fields denoted by a red asterisk (*).
3. A copy of each certification is required and can be Uploaded in the Supplementary Documents section.
4. When finished, click Save and Continue.

Documents can also be faxed. However, for a timely credentialing process we recommend all supporting documentation be uploaded through HCP.



HCA Credentialing Portal (HCP)

Credentialing Packet – Insurance Requirement

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Full Packet
Ginny Linden | 2 Facilities

WELCOME
Introduction

GENERAL

LICENSES & CERTIFICATIONS
State Licenses
DEA Licenses
CDS Licenses
Certifications

INSURANCE 1
Liability Insurance
Liability Insurance History

EDUCATION & TRAINING
SPECIALTIES & BOARDS
AFFILIATIONS & WORK HISTORY

Return to Packets

Professional Liability Insurance

 4 Add Carrier

The insurance requirement includes Liability Insurance and Liability Insurance History. This section ensures all details regarding the practitioner's insurance have been added showing they have coverage for any malpractice claims.

1. Click on Liability Insurance
2. Answer the question if the practitioner will be insured or plans to be insured by HCA's Healthcare Indemnity (HCI) insurance.
3. If No, please complete the required fields.
4. To add an Insurance Carrier, click on the blue Add Carrier button and complete required fields denoted by a red asterisk (*).
5. When finished, click Save and Continue.
6. Upload a copy of the certification to the Supplementary Documents page.

Full Packet
Ginny Linden | 2 Facilities

> WELCOME

> GENERAL

> LICENSES & CERTIFICATIONS

- State Licenses
- DEA Licenses
- CDS Licenses
- Certifications

> INSURANCE

- Liability Insurance
- Liability Insurance History** (1)

> EDUCATION & TRAINING

> SPECIALTIES & BOARDS

> AFFILIATIONS & WORK HISTORY

> REFERENCES

> CALL COVERAGE

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Historical Professional Liability Insurance

(4) [Add Carrier](#)

2

Instructions

- Please list all previous professional liability carriers within the past five (5) years including any carriers during professional training if within the five (5) year period.

3 This section is not applicable

Carrier	Policy	Effective Date	
<input type="checkbox"/> Complete	Hartford Casualty Insurance Co	TX945784512B	02-01-2016 Edit Undo Add

5 [Save & Continue](#) [Save](#) [Reset Section](#)

State requirements may ask for historical proof of Professional Liability Insurance.

1. If listed, click on Liability Insurance History.
2. Read instructions thoroughly. Please list previous Professional Liability Carriers within the past five (5) years.
3. If this section does not apply, click the box next to “This section is not applicable.” Click Save and Continue.
4. To add a previous Professional Liability Carrier, click the blue Add Carrier button and complete required fields denoted by a red asterisk (*).
5. When finished, click Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet –
Education & Training Requirement

PARALLON®

Full Packet
Ginny Linden | 2 Facilities

> WELCOME
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> INSURANCE
✓ **EDUCATION & TRAINING** **1**
 Foreign Medical Graduate
 Post High School Education
 Post Graduate Training
 Education Gaps

Foreign Medical School Graduate

Instructions

- If you are **not** a graduate of a foreign medical school, you can answer No and move to the next section.
- If you are a graduate of a foreign medical school, enter either a current ECFMG (Education Commission for Foreign Medical Graduates) or Fifth Pathway if applicable.

Are you a foreign medical graduate? *

Yes No **2**

2 Save & Continue Save Reset Section

The Education Requirement includes:

- Foreign Medical Graduate
- Post High School Education
- Post Graduate Training
- Education Gaps

1. Click on Foreign Medical Graduate.
2. If the practitioner is NOT a Foreign Medical graduate, answer No, and click Save and Continue.
3. If the practitioner is a Foreign Medical Graduate answer Yes to the Foreign Medical Graduate question, and then proceed to the Fifth Pathway question.
4. If you answer Yes. please provide the Fifth Pathway Record by clicking on the blue Add Fifth Pathway.
5. If you answer No, please provide the Education Commission for Foreign Medical Graduate or ECFMG.
6. When finished, click Save and Continue.

Are you a foreign medical graduate? *

Yes No

Did you attend Fifth Pathway? * **3**

Yes No

4 Looks like we do not have any ECFMG records on file for you. If you have an ECFMG record, please add here. **5** Add ECFMG

6 Save & Continue Save Reset Section

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EDUCATION & TRAINING

- Foreign Medical Graduate
- Post High School Education**
- Post Graduate Training
- Education Gaps

Post High School Education

3 Add Education Record

Instructions
Please list up to 10 post High School education records.

Institution	Education Type	Start Date	End Date	
Complete University of Tennessee	Undergraduate	08-02-1982	05-22-1987	Edit Undo Add

1

5 Save & Continue Save Reset Section

Education Institution Lookup

4

United States

Enter Search State

Search for an Education Institution

1. Click on Post High School Education.
2. Edit prepopulated schools, as necessary.
3. Please list up to ten (10) Post High School Education Records. To add a Post High School Education Record, click on the blue Add Education Record and fill out the required information denoted by a red asterisk (*).
4. An Education Institution Lookup is available to assist you.
5. When finished, click Save and Continue.

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- Post High School Education
- Post Graduate Training**
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Post Graduate Training

3 Add Training Record

Looks like we do not have any Training records on file for you. Start by adding one.

Instructions
List up to 15 Post Graduate Training records. If you do not have post graduate training, please select **Not Applicable** below.

This section is not applicable

Institution	Training Type	Start Date	End Date
No Data			

2 Save & Continue Save Reset Section

5

Education Institution Lookup

4

United States

Enter Search State

Search for an Education Institution

1. Click on Post Graduate Training.
2. If the practitioner does not have Post Graduate Training, please click on the box next to “This section is not applicable.” Click Save and Continue.
3. To add a Post Graduate Training Record, click on the blue Add Training Record button. Enter required information denoted by a red asterisk (*).
4. An Education Institution Lookup is provided to assist you.
5. When finished, click Save and Continue.

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EDUCATION & TRAINING

- Foreign Medical Graduate
- Post High School Education
- Post Graduate Training
- Education Gaps

Education Gaps

4 Add Gap

Looks like we do not have any Education Gap records on file for you. Start by adding one.

2

Instructions
Please provide up to 4 Gaps in Education that have occurred since graduation from professional school that are more than 180 days. If you do not have any, please select **Not Applicable** below.

3 This section is not applicable

From Date	To Date	Explanation
-----------	---------	-------------

5 Save & Continue Save Reset Section

1. Click on Education Gaps.
2. Please provide up to four (4) Gaps in Education that have occurred since graduation from professional school that are more than 180 days.
3. If the practitioner does not have Education Gaps, please click the box next to “This section is not applicable.” Click Save and Continue.
4. To add an Education Gap, click on the blue Add Gap button. Enter required information denoted by a red asterisk (*).
5. When finished, click Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet –
Specialties & Boards Requirement

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Full Packet
Ginny Linden | 2 Facilities

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- Specialties
- Boards

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Specialties

5 Add Specialty

3

Instructions
You may list up to twenty (20) specialties with one (1) being primary and (1) being secondary, and the remainder as Alternate.
For non-specialty/board areas of professional practice interest or focus (ex. HIV/AIDs, etc), please list them in the field below.

0 of 500 characters

Type	Specialty	Certified	Action
Complete	Primary	Emergency Medicine	Certified 4 Edit

6 Save & Continue Save Reset Section

1. Click on Specialties and Boards, and the requirements expand.
2. Click on Specialties. You may list up to 20 Specialties with one (1) being Primary and one (1) being Secondary. All others will have a status of Alternate.
3. For non-specialty/board areas of professional practice interest or focus i.e., HIV/AIDs, please list them in the field provided.
4. Edit prepopulated Specialties, as necessary.
5. To add a Specialty, click on the blue Add Specialty button and complete the required information denoted by a red asterisk (*).
6. When finished, click Save and Continue.

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Specialties
Boards 1

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Boards

Instructions
The below are your Specialties you listed in the previous section. For each, please add up to 4 boards.

Emergency Medicine 3 [Add Board](#)

Name	Certified	Re-Certified	Expires	Action
Am Bd Emergency Medicine 2	03/01/2020		04/30/2025	Edit Undo Add

4 [Save & Continue](#) [Save](#) [Reset Section](#)

1. Click on Boards.
2. Boards will prepopulate based on the Specialties listed in the previous section. Please make edits, as needed.
3. To add a Board, click on the blue Add Board button and complete the required information denoted by a red asterisk (*).
4. When finished, click Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet –
Affiliations & Work History Requirement

PARALLON®

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- Military Service**
- Affiliations
- Work History
- Gaps

REFERENCES

CALL COVERAGE

QUESTIONS & FORMS

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Military Service

4

Instructions
If you have served in the US Military but are no longer active, please provide a copy of the DD214 Member 4 or Member 2 via the [Supplementary Documents](#) page.

5

Do you serve or have you ever served in the US Military? *

2

Yes No

Are you currently serving? *

Yes No

Branch of Service *

Navy

Service From *

MM/YYYY

3

Service To *

MM/YYYY

Last Location

Are you currently on reserve military duty? *

Yes No

6

Save & Continue Save Reset Section

The requirements for Affiliations and Work History include:

- Military Service
- Affiliations
- Work History
- Gaps

1. Click on Military Service.
2. Answer the Military Service Questions.
3. Complete all required information denote by a red asterisk (*).
4. If the practitioner has served in the Military but is no longer active, please provide a copy of the DD214 Member 4 or Member 2 document.
5. We recommend using our Supplementary Documents section to upload documents for a timely Credentialing process.
6. When finished, click Save and Continue.

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- Military Service
- Affiliations** (1)
- Work History
- Gaps

Affiliations

5 Add Affiliation

2 Do you have any hospital affiliation you are currently applying for or have ever had? *

Yes No

4

5

Instructions
Please list all current hospital affiliations and any previous affiliations that you have ever had including those you have applied to and/or any hospital to which you applied but withdrew your application. (E.g. Hospitals, Ambulatory Surgery Centers)

Affiliation	Status	Primary/Secondary	From	To		
Incomplete	Blount Memorial Hospital	Current	Primary	08-01-2020	08-26-2022	Edit Undo Add

6 Save & Continue Save Reset Section

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- Military Service

Affiliations

2 Do you have any hospital affiliation you are currently applying for or have ever had? *

Yes No

3

If you do not admit patients, what type of admitting arrangements do you have? *

3

0 of 500 characters

1. Click on Affiliations
2. Answer the Affiliations question.
3. If you answer No, please explain in the field provided what type of admitting arrangements the practitioner has.
4. If you answer Yes, please follow instructions and list Affiliations by clicking on the blue Add Affiliation button and complete required information denoted with a red asterisk (*).
5. Edit prepopulated Affiliations, as necessary.
6. When finished, click Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

Work History 4 [Add History Record](#)

2

Instructions

- o Please list all professional work history that you have ever had including employment, self - employment, service as an independent contractor, and/or military experience.
- o A curriculum vitae is not sufficient for a complete answer for the requested information.

This section is not applicable

Facility	Start Date	End Date	
Complete University of Tennessee Memorial Hospital 3	01-2019	12-2020	Edit Undo Add

< 1 >

5 [Save & Continue](#) [Save](#) [Reset Section](#)

1. Click on Work History.

2. List all professional Work History including:

- Employment
- Self-employment
- Service as an independent contractor
- Military experience

3. Edit prepopulated Work History, as needed.

4. To add a Work History, click on the blue Add History Record button and complete the record information denoted by a red asterisk (*).

5. When finished, click Save and Continue.

Full Packet
Ginny Linden | 2 Facilities

Work History Gaps 3 [Add Gap](#)

Looks like we do not have any Work History Gap records on file for you. Start by adding one.

2 **Instructions**
Please provide up to 15 Gaps in Work History that have occurred since graduation from professional school that are more than 180 days. If you do not have work history, please select **Not Applicable** below.

2 This section is not applicable

From Date	To Date	Explanation
-----------	---------	-------------

4 [Save & Continue](#) [Save](#) [Reset Section](#)

1. Click on Gaps.
2. Please provide up to 15 Gaps of Work History that have occurred since graduation from professional school that are more than 180 days. If this does not apply, please select the box beside “Not Applicable.”
3. To add a Gap, click on the blue Add Gap button and complete the required information denoted by a red asterisk (*).
4. When finished, click Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet – References Requirement

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Peer References 5 [Select Existing Peer \(0\)](#) [Add Peer Reference Record](#)

Looks like we do not have any Peer Reference records on file for you. Start by adding one. 4

2 **Instructions**
Please provide names and complete addresses of three (3) references from professional peers who have current knowledge of your clinical competency, i.e. Have directly worked with you, observed or been associated with you within the last five (5) years.

3
If you are a recent graduate (up to twelve (12) months since you graduated from the highest level of medical training), please provide the requested information for the residency training program director AND two (2) professional peers.
If you are NOT a recent graduate (over 12 months since you graduated from the highest level of medical training), please provide the requested information for three (3) professional peers.
References will be accepted from the same practice/group if there are no other options, but will not be accepted from people with familial ties. Although references in the same specialty are preferred but not required, all references must be practitioners in your same professional discipline (e.g. MD/DO to MD/DO, DDS to DDS, DPM to DPM, CRNA to CRNA).

	Name	Specialty	Email	Phone	
Complete	Eric Carlson, MD, DMD	Emergency Medicine	EC@doctortest.com	865-305-9123	Edit Undo Add
Complete	Allan H Bailey, MD	Emergency Medicine	AB@doctortest.com	615-329-2141	Edit Undo Add

7 [Save & Continue](#) [Save](#) [Reset Section](#)

1 **REFERENCES**
Peers

6

1. Click on References. Then, click on Peers.
2. Read instructions thoroughly and provide three (3) Professional Peers who have current knowledge of the practitioner's clinical competency.
3. If the practitioner has graduated from the highest level of medical training within the past 12 months, please provide the requested information for the Residency Training Program Director and two (2) Professional Peers.
4. To add a Peer Reference, click the blue Add Peer Reference Record button and complete the required information denoted by a red asterisk (*).
5. To add an Existing Peer on file, click the blue Select Existing Peer button.
6. Populated references can be edited or removed.
7. When finished, click Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet – Call Coverage Requirement

PARALLON®

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CALL COVERAGE

- Alternate Practitioners
- Practice Partners
- Sequence of Call

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Alternate Practitioners

Call Coverage

Do you provide 24 hour call coverage, including weekends?

Alternate Practitioners

Do you have alternate practitioners?

Please list all persons with whom you have made arrangements to care for your patients in the event that you cannot. Additionally, please indicate at which entity they will provide coverage.

Name	Facilities	Specialty	Phone	
Partner, John	St Davids South Austin Medical Center	Anesthesiology	904-688-4555	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Call Coverage provides details of the practitioners that will cover when the practitioner is not available.

1. The requirements for Call Coverage include:

- Alternate Practitioners
- Practice Partners
- Sequence of Call

2. Click on Call Coverage. Then, click on Alternate Practitioners.

3. Answer the required questions denoted with red asterisk (*).

4. To add an Alternate Practitioner, click the blue Add Practitioner button and complete the required information denoted by a red asterisk (*).

5. When finished, click Save and Continue.

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Practice Partners

3 Add Partner

2

Instructions Please list up to 20 partners at your practice. To bypass this section, select **Save & Continue**.

Name	Action
<input type="text" value="Jack Partner, MD"/>	Undo Add

4 Save & Continue Save Reset Section

1. Click on Practice Partners.
2. List up to 20 partners at the practitioner's practice.
3. To add a Practice Partner, click on the blue Add Partner button and complete the required information denoted by a red asterisk (*).
4. To bypass this section if not applicable, click Save and Continue.

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Alternate Practitioners
Practice Partners
Sequence of Call (1)

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Sequence of Call

 (3) [Add Call Number](#)

Instructions (2)
Please list up to 5 contact numbers in the order in which you would like to be contacted after normal business hours regarding one of your patients or a consultation.

	Position	Location	Phone		
Complete	Sequence of Call 1	Cell	772-379-8989	Edit	Undo Add
Complete	Sequence of Call 2	Home	812-772-3567	Edit	Undo Add

4 [Save & Continue](#) [Save](#) [Reset Section](#)

1. Click on Sequence of Call.
2. You may list up to five (5) numbers in the order in which the practitioner would like to be contacted after normal business hours regarding a patient or a patient consultation.
3. To add a Call Number, click the blue Add Call Number and complete the required information denoted by a red asterisk (*).
4. When finished, click on Save and Continue.



HCA Credentialing Portal (HCP)

Credentialing Packet –
Questions and Forms Requirement

PARALLON®

The requirement for Questions and Forms includes:

- Disclosures
- CME Attestation
- Practitioner Acknowledgement
- Confidentiality and Security Agreement
- Communicable Disease Screening and Immunization Record
- Privileges

It is important to note, specific questions and forms will depend on State Requirements, Specialties and Privileges.

1. Click on Questions and Forms.
2. Click on State and/or HCA Disclosure Forms.
3. Read thoroughly and answer questions.
4. Questions answered with a Yes will require further explanation.
5. When finished, click Save and Continue.

Note: Questions and Forms can be bypassed by the delegate.

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CME Attestation Form

Instructions
Please complete the CME/CDE or CEU credit hours and category you received in the last 24 months. A copy of the program certificate(s) may be provided in the [Supplementary Documents](#) section. You are allowed up to 50 courses on this form.

Ginny Lee Linden MD 1098989898

3 Have you completed any Continuing Medical Education within the last 24 months? *

Yes No

4 Do you prefer to complete the online form or attach the information? *

Online Attach

Acknowledgement

5 I acknowledge that all information provided on this page is true and accurate. I understand that information provided may be subject to review at which point I will provide proof of attendance of all CME events requested. *

I Agree

6 [Save & Continue](#) [Save](#) [Reset Section](#)

⚠ Click Save to keep your changes.

1. Click on CME Attestation.
2. Answer all questions.
3. If you answer No to the CME question, an explanation is required in the field provided.
4. If you answer Yes to the CME question, you will be prompted to choose how you prefer to complete the online form.
5. CME Attestation Form requires an Acknowledgement of clicking on “I Agree.”
6. When finished, click Save and Continue.

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Practitioner Acknowledgement Statement

Acknowledgement 2

Medicare and Tricare payment to hospitals is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patients attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable federal laws.

Additionally, pursuant to the Hospital Conditions of Participation of the Medicare program, author verification/authentication is required for all individuals entering documentation into the medical record and providing patient care.

Ginny Lee Linden (1098989898)

I hereby attest that all of the information provided on this form is true and correct. *

3

4

1. Click on Practitioner Acknowledgement.
2. Read the statement thoroughly.
3. Click on "I Agree."
4. When finished, click Save and Continue.

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Ginny Linden | 2 Facilities

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Practitioner Confidentiality and Security Agreement

I am a practitioner or employed by a practitioner (in the case of office staff) who has clinical privileges and/or membership at an HCA affiliated entity(ies) (the "Company"); or a practitioner or an employee of a practitioner whose patient(s) may have received services from the Company. I desire to access information and/or systems of the Company in order to provide health services to patients. I understand that the Company manages health information and has legal and ethical responsibilities to safeguard the privacy of its patients and their personal and health information ("Patient Information").

Additionally, the Company must protect its interest in, and the confidentiality of, any information it maintains or has access to, including, but not limited to, financial information, marketing information, Company human resources, payroll, business plans, projections, sales figures, pricing information, budgets, credit card or other financial account numbers, customer and supplier identities and characteristics, sponsored research, processes, schematics, formulas, trade secrets, innovations, discoveries, data, dictionaries, models, organizational structure and operations information, strategies, forecasts, analyses, credentialing information, Social Security numbers, passwords, PINs, and encryption keys (collectively, with Patient Information, "Confidential Information").

During the course of my interactions with the Company, I understand that I may access, use, or create Confidential Information. I further acknowledge that I must comply with this Confidentiality and Security Agreement (the "Agreement") and applicable Company policies and procedures at all times as a condition of my accessing Company systems and Confidential Information, and that the Company is relying on such compliance and the representations, terms and conditions stated in this Agreement.

General

- In connection with accessing Company systems and Confidential Information, I will act in the best interest of the Company and, to the extent subject to it, in accordance with its Code of Conduct at all times.
- I have no expectation of privacy when using Company systems, including but not limited to Company email accounts (if provided), and/or devices. The Company may log, access, review, store and otherwise utilize information stored on or passing through its systems, devices and network, including email.
- If I am issued a Company email account, I will only use the account for Company-related business.
- Any violation of this Agreement may result in the permanent or temporary loss of my access to Confidential Information and/or Company systems, and disciplinary action, including, without limitation, suspension, loss of privileges, loss of medical staff membership, and/or legal action, at Company's sole discretion in accordance with its policies.

Patient Information

Ginny Lee Linden MD (1098989898)

By clicking I agree, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above. *

(3)

(4)

1. Click on Practitioner Confidentiality and Security Agreement.
2. Read the document thoroughly.
3. Click on "I Agree" to attest that you acknowledge that you have read the agreement and agree to comply with all the terms and conditions stated.
4. When finished, click Save and Continue.

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Communicable Disease Screening and Immunization Record

The CDC has identified immunization recommendations for "healthcare personnel" which includes physicians and other practitioners with clinical privileges. Because of contact with patients or infective material from patients, health-care personnel are at risk for exposure to and possible transmission of vaccine-preventable diseases. Maintenance of immunity is therefore an essential part of prevention and infection control programs. In accordance with medical staff requirements, completion of this Communicable Disease Screening and Immunization Record, and any additional service specific immunization requirements, is required.

[CDC Guidelines](#) **2**

Tuberculosis Screening

Please select **Not Applicable** if you do not have Tuberculosis screening information to provide.

N/A; not tested **4**

1a. Please provide the date of your most recent tuberculosis skin test (TST) or an Interferon Gamma Release Assay (IGRA) blood test.*

Date Unknown

1b. Please state whether your most recent TST or IGRA was positive or negative for tuberculosis.*

7

1. Click on Communicable Disease Screening and Immunization Record.
2. A link to [CDC Guidelines](#) is provided for you.
3. Read instructions thoroughly.
4. Answer all questions.
5. Provide supplementary documents, as directed.
6. Answer the Acknowledgement question by clicking on "I Agree" attesting that all of the information provided on the form is true and accurate.
7. When finished, click Save and Continue.

Acknowledgement

I, Ginny Linden (NPI: 1098989898) hereby attest that all of the information provided on this form is true and accurate.*

6

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Privileges

Instructions
Please complete each requested Privilege form on this page. If you choose to make changes to Privileges and need to upload, please visit the [Supplementary Documents](#)

	Facility	Privileges For	Submission Method	
Incomplete	St Davids Round Rock Medical Center	Emergency Medicine	Online	Edit 2
Incomplete	St Davids South Austin Medical Center	Emergency Medicine	Online	Edit

[Save & Continue](#) [Save](#) [Reset Section](#)

1. Click on Privileges
2. Complete each requested Privilege form listed by clicking on Edit beside the Facility name where the practitioner is requesting privileges.
3. Read instructions thoroughly.

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- SUBMIT PACKET

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Privileges

Instructions
Please complete each requested Privilege form on this page. If you choose to make changes to Privileges and need to upload, please visit the [Supplementary Documents](#)

	Facility	Privileges For	Submission Method	
Incomplete	St Davids Round Rock Medical Center	Emergency Medicine	Online	Edit 2
Incomplete	St Davids South Austin Medical Center	Emergency Medicine	Online	Edit

Privileges for Emergency Medicine at St Davids Round Rock Medical Center X

Instructions 3
If you are requesting any privileges that may need text added to complete your privileging request, you will be prompted at COMPLETE to print your privilege form. You will need to mark up this copy and UPLOAD your privilege form. Use the table below to select your privileges by checking the appropriate checkbox in the **Accept As Is** or **Opt Out of Portion** column.

- Accept As Is:** Accepts the privilege as is without any changes.
- Opt Out of Portion:** Only available for Core privileges. Selecting this will prevent you from filling the rest of the form out and require to you print the form out and upload it.

STAFF STATUS REQUEST - CHECK ONE OF THE FOLLOWING MEMBERSHIP STATUS CATEGORIES BELOW:

- Active:** May request Active staff status after one term of Medical Staff Membership.
Active staff must be directly engaged in the activities of the hospital's Medical Staff functions. May vote in general and special meetings, hold office, serve on committees, and serve as chairpersons or division directors. Must serve on committees and accept inpatient consultations as requested.
- Affiliate:** For newly appointed members who do not yet meet qualifications for Active Staff Membership; or for those who are not actively involved in Medical Staff affairs and not major contributors to the fulfillment of Medical Staff functions due to practicing primarily at another hospital or being in a specialty that has an office-based practice and wish to remain affiliated with RRM for consultation, call coverage, referral of patients, or other patient care purposes.
Affiliate staff are permitted no more than any combination of eighteen (18) (or such other number as approved by the Department, the Medical Executive Committee and the Governing Board) inpatient admissions or outpatient procedures in any calendar year. If an

[Complete](#) [Close](#) [Reset](#)

Full Packet
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Privileges

Instructions
Please complete each requested Privilege

Facility
Incomplete St Davids Round R
Incomplete St Davids South A

Privileges for Emergency Medicine at St Davids Round Rock Medical Center

Trauma (see special criteria)

Qualifications
INITIAL APPOINTMENT:\n\nMust have completed the Advanced Trauma Life Support (ATLS) course at least once and provide documentation of ATLS current or past provider status. It is preferred that ATLS certification be present for Emergency Medicine physicians to complete the application for appointment\n\n\nREAPPOINTMENT:\n\nProvide documentation of at least 16 hours of trauma-related continuing medical education (CME) annually.

APPROVAL RECOMMENDATIONS:
I hereby certify that I have reviewed each cognitive and procedural privilege requested as supported by documentation of training, experience, and clinical competence and believe the applicant is qualified to perform privileges as designated above based on the information available to me.

AUTHORIZED DEPARTMENT CHAIRPERSON/DESIGNEE SIGNATURE:

DATE:

Finalize Privileges * **4**

I request these privileges as checked.
 I need to print and upload the privileges to mark my changes.
 I do not want any privileges on this form.

Please press the Print button to print your document. Then, click the **Complete** button below. **5**

6

- Finalize Privileges by choosing one of the options:
 - I request the privileges as checked
 - I need to print and upload the privileges to mark my changes
 - I do not want any privileges on this form
- Click "Print," if applicable.
- When finished, click Complete.

If changes are being made to the Privileges Form, remember to:

- Print Form
- Note Changes
- Upload Changed Form in HCP



HCA Credentialing Portal (HCP)

Credentialing Packet – Documents Requirement

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Full Packet
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Introduction

- GENERAL
- LICENSES & CERTIFICATIONS
- INSURANCE
- EDUCATION & TRAINING
- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
- DOCUMENTS**
 - Signed Forms
 - Supplementary Documents
 - Reference Documents
- SUBMIT PACKET

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Signed Forms

Instructions

- Documents we require copies of for submission of your packet can be found listed below. Please review and make sure a document has been uploaded for each item below.
- If you choose to fax a document to us, the number to do so for this submission will be 1-866-862-5432
- Please ensure the file type (Example: profile.doc) you are attaching is one of the following DOC, DOCX, PDF, JPG, TIFF, GIF, PNG, or BMP. The maximum file size is 5MB. If the file type is not one of the acceptable types or exceeds the maximum file size, you will receive an error message and will not be allowed to attach the document.

Signed Forms

	Submission Type	Attachment	Document For Download
Incomplete	Upload	Select File	PHARMACY SIGNATURE FORM (ACTION REQUIRED)

< 1 >

Save & Continue Save Reset Section

The requirement for Documents includes:

- Signed Forms; see note below.
- Supplementary Documents
- Reference Documents

Note, Delegates are required to complete Documents.

Full Packet
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Supplementary Documents

Instructions

- Documents we require copies of for submission of your packet can be found listed below. This section will change based on answers to other sections of the Packet. Please review and make sure a document has been uploaded for each item below.
- If you choose to fax a document to us, the number to do so for this submission will be 1-866-862-5432
- Please ensure the file type (Example: profile.doc) you are attaching is one of the following DOC, DOCX, PDF, JPG, TIFF, GIF, PNG, or BMP. The maximum file size is 5MB. If the file type is not one of the acceptable types or exceeds the maximum file size, you will receive an error message and will not be allowed to attach the document.

GENERAL LICENSES AND CERTIFICATIONS

	Submission Type	Attachment	Document Needed
Incomplete	Upload	Select File	CASE / ACTIVITY LIST
Incomplete	Upload	Select File	CME CERTIFICATES (COMBINE CERTIFICATES AND UPLOAD AS ONE DOCUMENT)
Incomplete	Upload	Select File	COPY OF CURRENT PROFESSIONAL LIABILITY FACE SHEET

Save & Continue Save Reset Section

1. Click on Supplementary Documents.
2. Read the instructions thoroughly paying close attention to file types needed for uploading required documents, i.e., DOC, DOX, PDF etc.
3. Documents required in this section depend on answers to other sections of the packet. Please review and ensure a document has been uploaded for each item listed.
4. Documents can also be faxed but we recommend uploading for a timely credentialing process.
5. When finished, click Save and Continue.

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- QUESTIONS & FORMS
- DOCUMENTS
 - Signed Forms
 - Supplementary Documents
 - Reference Documents** (1)
- SUBMIT PACKET

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Reference Documents

Instructions

- The documents provided below are for reference purposes.

Reference Documents (2)

Documents For Download

- APP COMPLIANCE NOTICE FORM LETTER (APPLIES TO HOSPITAL PHYSICIANS ONLY)
- CODE OF CONDUCT
- MEDICAL NECESSITY FORM
- PHYSICIAN NOTICE REGARDING MEDICAL NECESSITY AND COMPLIANCE
- ST DAVIDS ROUND ROCK - MEDICAL STAFF BYLAWS

Save & Continue (3) Save Reset Section

1. Click on Reference Documents.
2. These documents provide information that users can download for references.
3. Click Save and Continue after reviewing documents.



HCA Credentialing Portal (HCP)

Credentialing Packet –Submit Requirement

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The screenshot displays the HCA Credentialing Portal (HCP) interface. On the left is a dark sidebar with a 'Full Packet' header and user information 'Lisa Lion | 1 Facilities'. Below this is a list of menu items under various categories: 'Peers', 'Call Coverage' (with sub-items 'Alternate Practitioners' and 'Sequence of Call'), 'Questions & Forms' (with sub-items 'Colorado Disclosures', 'HCA required for CO', 'Health Plan Questions', 'Supplement A', 'Supplement B', 'CME Attestation', 'Practitioner Acknowledgement', 'Confidentiality and Security Agreement', 'Communicable Disease Screening and Immunization Record', and 'Privileges'), and 'Documents' (with sub-items 'Signed Forms', 'Secondary Documents', and 'Submit Packet'). The 'Submit Packet' item is highlighted with a red circle containing the number '1'. The main content area has a yellow header with the text 'This section is required for delegates'. Below this is the title 'Submit Packet'. A text box contains the text: 'As a delegate, I have completed the required sections of the packet. Upon my submission, the packet will be ready for the practitioner's review. I acknowledge that once I submit, I will no longer have the ability to edit the information in the packet, and the practitioner will be required to complete any remaining sections prior to final submission of the packet to the Credentialing Processing Center (CPC)'. Below this text is an 'Agree' button, highlighted with a red circle containing the number '3'. At the bottom right of the main content area is a blue 'Submit Packet' button, highlighted with a red circle containing the number '4'. A red circle with the number '2' is positioned over the 'Submit Packet' option in the sidebar.

The requirements for Submit Packet include:

- Submit Packet Acknowledgement
1. Click on Submit Packet.
 2. Click on second Submit Packet.
 3. Read the document thoroughly. By clicking on “Agree” you are attesting as the delegate, you have completed the required sections of the packet, and the packet is ready for the practitioner review and completion of remaining sections prior to final submission.
 4. Click Agree, and then click Submit Packet.

It is important to note, state requirements may require State Authorization, Attestation and Release forms.