



# HCA Credentialing Portal (HCP)

Practitioner Quick Reference Guide on  
Navigation and Completing Credentialing Packet

**PARALLON®**

# Table of Contents

*Click a page number below.*

<b>Section Title:</b>	<b>Page:</b>
HCP Logging in and Accessing Packet	4
HCP General Navigation	8
HCP Credentialing Status	13
HCP Outstanding Items	15
HCP Expiring Items	17
HCP Facilities	19
HCP Resources and Help Center	21
HCP Credentialing Packet Welcome   Instructions	24
HCP Credentialing Packet General Requirement	26
HCP Credentialing Packet Licenses & Certification Requirement	32
HCP Credentialing Packet Insurance Requirement	37
HCP Credentialing Packet Education & Training Requirement	40
HCP Credentialing Packet Specialties & Boards Requirement	45
HCP Credentialing Packet Affiliations & Work History Requirement	48
HCP Credentialing Packet References Requirement	53
HCP Credentialing Packet Call Coverage Requirement	55
HCP Credentialing Packet Questions & Forms Requirement	59
HCP Credentialing Packet Documents Requirement	67
HCP Credentialing Packet Submit Packet	71



## **HCA Credentialing Portal (HCP)**

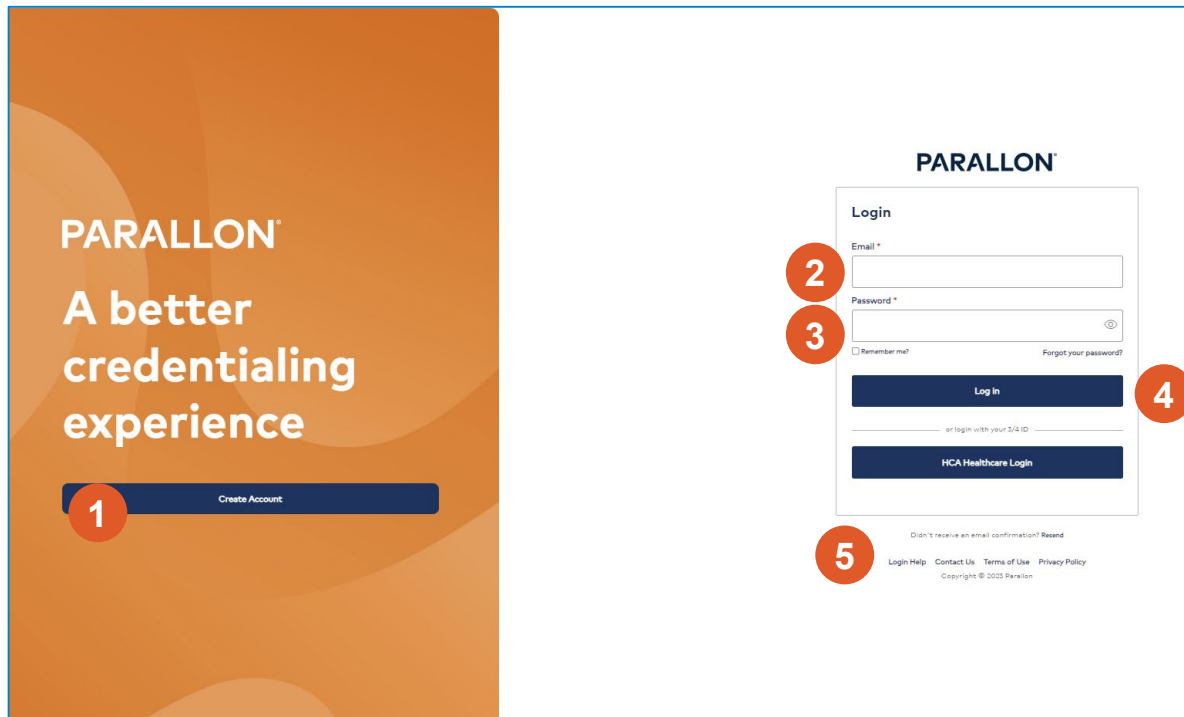
This reference guide is to assist practitioners with monitoring the status of their file, monitor expiring items, make demographic changes to their profile, submit documents through HCP, and complete the credentialing packet for Request for Consideration (RFC) or Reappointment Request for Consideration (RRFC).



# HCA Credentialing Portal (HCP)

Logging In and Accessing HCP

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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 respective emails.
2. If you are a returning user, enter your Email.
3. Enter your Password.
4. Click Login.
5. Login help is available by clicking the hyperlink “Login Help”.

## Notes:

- 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 microlearnings, on HCP navigation visit HCA HealthCare’s [Practitioner Credentialing Page](#).

## PARALLON<sup>®</sup>

**Identity Verification**

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

Method \*

Email  SMS **5**

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

**Send Code** **6**

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

5. Click Email or SMS 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 \***

7

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

Remember this device?

8 **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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**PARALLON**

Dr. Andrew Lovett Jones, Jr, MD  
lovett\_jones@yahoo.com.tst

Home

- Credentialing Status
- Outstanding Items
- Expiring Items
- Facilities
- Resources & Help Center
- Message Center
- Sign Out

Tuesday, October 3, 2023

## 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 [877-866-6838](tel:877-866-6838).

3 Credentialing Status | 11 Outstanding Items | 9 Expiring Items | 12 Facilities

### Expiring Items (showing 5 of 5)

Item	Expiration Date	Organization	Action
License	06/30/2022	Nevada State Board of Medical Examiners	NV
License	03/31/2023	Nevada State Board of Pharmacy	NV
Board	04/01/2023	Am Bd Fam Med (Sub: Pain Medicine)	2
Insurance	04/10/2023	Cooperative of American Physicians	
License	04/16/2023	Drug Enforcement Administration - NTIS	TX

View All

### Scam Alert

The FBI has alerted us that criminals are calling and texting practitioners claiming to be an agent of a medical board, the DEA, or the FBI. Often they allege that your medical or drug license is being used in a scheme to traffic drugs. We would never ask you to transfer funds during credentialing.

3

### Quick Actions

- Update Profile
- Add Delegate
- Change Email
- Change Password

### My Profile

Here's a look at your profile details.

Name	Dr. Andrew Lovett Jones, Jr, MD
Phone	222-222-2222
Email	lovett_jones@yahoo.com.tst

From the HCP landing page, you can navigate using the

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



**PARALLON**

Tuesday, October 3, 2023

Dr. Andrew Lovett Jones, Jr, MD  
lovett\_jones@yahoo.com.tst

## Credentialing Status

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	04/06/2023

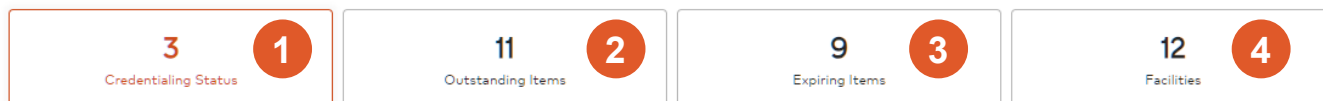
- 1 Home
- 2 Credentialing Status
- 3 Outstanding Items
- 4 Expiring Items
- 5 Facilities
- 6 Resources & Help Center
- 7 Sign Out

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](#)

<a href="#">Under Review by Practitioner</a>	DOP Packet RFC Austin Endoscopy Center I - RFC (1 more)	<b>1</b>	<a href="#">Work Packet</a>
<a href="#">Under Review by Practitioner</a>	Full Packet RFC Denver Endoscopy - RFC (3 more)		<a href="#">Work Packet</a>
<a href="#">Under Review by Practitioner</a>	Full Packet RFC Aurora Endoscopy Center - RFC (1 more)		<a href="#">Work Packet</a>

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. From this view, you can work the credentialing packet by clicking Work Packet. If a delegate is assigned, you can view the packet progress.
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 of items expiring within 1 to 45 days.
4. Facilities – The number represents the number of facilities or entities with open or requested privileges.


## 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 **3**

Here's a look at your profile 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 – Click here to update the practitioner's profile information, delegate information, change email or change HCP password.
3. My Profile – shows a quick view of name, phone number and email address



# HCA Credentialing Portal (HCP)

Credentialing Status

**PARALLON®**

Tuesday, October 3, 2023

ⓘ

## Credentialing Status

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.

The screenshot shows the Credentialing Status page with four navigation tabs at the top: 'Online Packets Needing Submission (3)', 'Online Packets Needing Delegate Action (0)', 'All Recent Credentialing Requests (8)', and 'Copies of Completed Online Packets (0)'. A red box highlights these tabs. Below the tabs, there are two packet entries. The first entry is 'DOP Packet' with a 'Work Packet' button and a red circle with the number '5' next to it. The second entry is 'Full Packet RFC' with a 'Work Packet' button. The packet details include the date sent and the facilities involved.

Packet Name	Sent	Facilities	Action
DOP Packet	04/06/2023	Austin Endoscopy Center I - RFC, Austin Endoscopy Center II - RFC	Work Packet
Full Packet RFC	06/08/2023	Denver Endoscopy - RFC, Las Vegas Surgery Center - RFC, Medical City Ambulatory Surgery Center - Dallas - RFC, ...	Work Packet

From the left navigation, click on Credentialing Status and the Credentialing Status home page appears. There are four (4) tabs across the top.

1. Online Packets Needing Submission – This view shows packets that need to be “worked” by a practitioner. This view will be empty if the practitioner has a delegate.
2. Online Packets Needing Delegate Action - This view shows packets that are with a delegate. This view will be empty if the practitioner does NOT have a delegate.
3. All Recent Credentialing Requests – This view shows status of the packet and next steps. A solid blue bar indicates the step has been completed. A pulsing orange bar indicates the current step.
4. Copies of Completed Online Packets – This view shows completed packets that have been sent to the CPC.
5. Enter the credentialing packet by clicking Work Packet.

### Note:

- The number beside each tab represents the number of documents in each tab.
- You can also navigate to Credentialing Status using the Center Dashboard KPI box.



# HCA Credentialing Portal (HCP)

Outstanding Items

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**My Outstanding Items**

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

1 2 3

Unverified, Practitioner (11) Unverified, Institution (9) Verified (15)

4 Upload Document

5

You can combine all items into a single file and use the button to the right to upload, or individually upload in the table below.

Type	Name	State
Upload ACLS Certificate	Mountainview Hospital	
Upload Authorization, Attestation and Release (AAR)		
Upload Case Log		
Upload Confidentiality & Security Agreement		
Upload Continuing Medical Education (CME)		

From the left navigation, click on Outstanding Items. There are three (3) tabs across the top.

1. Unverified Practitioner – These items are the practitioners responsibility to provide.
2. Unverified Institution – These items are the institution’s or entity’s responsibility to provide.
3. Verified – This tab lists what has been verified from the other two tabs.
4. Documents can be uploaded as one single file.
5. Documents can be uploaded as a single document.

Note:

- The number beside each tab represents the number of items in each tab.
- You can also navigate to Outstanding Items by using the Center Dashboard KPI box.





# HCA Credentialing Portal (HCP)

Expiring Items

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**My Expiring Items**

Expiring Items will display items that need to be submitted to Parallon for completion of credentialing process or to maintain privileges at credentialed facilities. Additionally, you can view the items that have been verified by Parallon. For information on how to upload items that have not yet been verified, please click [here](#).

Licenses (6) Boards (2) Insurance (1)

⚠ You may lose privileges at your facilities if ANY of your required licenses/certifications expire.

Upload Document

Expires	Name	License Type	State
06/30/2022	Nevada State Board of Medical Examiners	State License	NV
05/31/2023	Nevada State Board of Pharmacy	CDS Certificate	NV
04/16/2023	Drug Enforcement Administration - NTIS	DEA Certificate	TX
05/01/2023	Mountainview Hospital	Basic Life Support	

From the left navigation, click on Expiring Items. There are three (3) tabs across the top.

1. Licenses, Boards and Insurance – Pay close attention to cancel symbols and caution symbols.
2. A cancel symbol, a circle with an exclamation mark, indicates the item has expired.
3. A yield sign/symbol with an exclamation mark indicates the item will expire between 1 – 45 days.
4. Notice expired dates on items between 0-45 days are noted in red font.
5. Updated items can be uploaded through HCP by clicking Upload Document.

## Note:

- The number beside each tab represents the number of items in each tab.
- You can also navigate to Expiring Items by using the Center Dashboard KPI box.
- State and DEA licenses do NOT need to be uploaded as the CPC must complete a primary source verification on these licenses.



# HCA Credentialing Portal (HCP)

Facilities

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## My Facilities

Active facilities listed are where you currently have or are requesting privileges. Inactive facilities listed are where you no longer have or are not requesting privileges. If you see privileges in the first column, you have privileges at that facility. If no privileges are shown, you do not have any associated privileges at that facility.

[Active \(12\)](#) [Inactive \(2\)](#)

Name	Address	Appointed	Approved	Expires	Ended	Status	Category
Alaska Regional Hospital	2801 DeBarr Road Anchorage, AK 907-264-1261	N/A	N/A	N/A	N/A	Applicant	Active
Aurora Endoscopy Center	14272 East Evans Ave Aurora, CO 303-205-1090	N/A	N/A	N/A	N/A	Applicant	Active
Austin Endoscopy Center I	8015 Shoal Creek Blvd Austin, TX 512-371-1519	N/A	N/A	N/A	N/A	Applicant	Consulting
Austin Endoscopy Center II	4310 James Casey St Austin, TX 512-532-8000	N/A	N/A	N/A	N/A	Applicant	Consulting

From the left navigation, click on Facilities. There are two (2) tabs at the top of the page.

1. Active Tab – displays all facilities where the practitioner has or is requesting privileges. The active listing displays facility name, address, appointed date, approved date, expired date, status, and category.
2. Inactive Tab – displays all facilities where the practitioner previously held privileges that have now ended and/or expired. The inactive listing displays facility name, address, appointed date, approved date, expired date, ended date, status, and category.

### Note:

- You can also navigate to Facilities by using the Center Dashboard KPI box.



# HCA Credentialing Portal (HCP)

Resource & Help Center

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## Resources & Help Center

Here you will find documents, links, and contact information for your CPCs.

### Documents 1

[APP Compliance Notice \(Hospital Physicians Only\)](#)

[Authorization Attestation and Release](#)

[CME Attestation](#)

[Communicable Disease Form](#)

[Confidentiality and Security Agreement](#)

[Delegate Authorization](#)

[Practitioner Acknowledgement](#)

[Regressiontesting only](#)

[Signature Statement](#)

[test doc](#)

[Two Midnight Rule \(Hospital Physicians Only\)](#)

### Links 2

[Credentialing Resources](#)

### CPCs 3

#### Nashville

CPC Nashville  
PO Box 291029  
Nashville, TN 37229-1029

615-886-4318 (Phone)  
866-376-1045 (Toll Free)  
877-405-6604 (Fax)

[CPCRequests.NSVCPC@Parallon.com](mailto:CPCRequests.NSVCPC@Parallon.com)

#### Texas

CPC Texas  
PO Box 292709  
Nashville, TN 37229-2709

713-448-2940 (Phone)  
866-579-0803 (Toll Free)  
866-862-5432 (Fax)

[HRSCHoustonCPC@Parallon.com](mailto:HRSCHoustonCPC@Parallon.com)

From the left navigation, click on Resources and Help Center. The following is displayed:

1. Documents – Click on credentialing documents available for download.
2. Links – Click on the link provided for additional training resources on HCA Healthcare’s Practitioners Credentialing Website.
3. CPC Contact Information – displays contact information for the Credentialing Processing Centers.



# HCA Credentialing Portal (HCP)

Instructions on working the Credentialing Packet; Request for Consideration or RFC and Reappointment Request for Consideration or RRFC.



# HCA Credentialing Portal (HCP)

Credentialing Packet – Welcome | Introduction

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**Full Packet**  
Ginny Linden | 2 Facilities

**1** Introduction

**2** Facilities

**3** Need Help?

**4** Generated PDFs

**5**

**a**

**1**

**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 you are 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.



# 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? \*  Yes  No

Other Names Used

Have you ever used any other name(s)? (i.e., married name, nickname) \*  Yes  No

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

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) \*

Save & Continue Save Reset Section

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, it should be answered.
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, then Save and Continue.
2. If you do not have a Correspondence Address, click in the box beside “This section is not applicable.”
3. 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:

- Current Home Address (You must have exactly one current home address)
- Previous Home Address within last 7 years
- Previous Home Address beyond 7 years
- 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	Edit

7 **Save & Continue** Save Reset Section

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

**Full Packet**  
Ginny Linden | 2 Facilities

## Credentialing Addresses

**3** [Add Address](#)

**1**

**2**

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

**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
<span>Complete</span> <input type="text" value="Current"/>	160 Imperial Blvd Dallas TX, 75126	📞 904-688-2482 ✉️ <a href="mailto:DoctorGL@doctortest.com">DoctorGL@doctortest.com</a>

[Edit](#)

1. Click on Credentialing Addresses. This is the address where you want communication sent during your 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	1 Primary	160 Imperial Blvd Dallas TX, 75126	904-688-2482 DoctorGL@doctortest.com	<a href="#">Edit</a>

< 1 >

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

1. Click on Practice Locations. One of the locations must be marked as your primary location.
2. For prepopulated addresses, select Status and edit, if necessary.
3. To add a Primary 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

**PARALLON®**



**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	<a href="#">Edit</a> <a href="#">Undo Add</a>
Incomplete	TX	Active	TX54897	02-01-2021	02-03-2023	<a href="#">Edit</a> <a href="#">Undo Add</a>

< 1 >

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

The requirement for Licenses and Certifications includes State Licenses, DEA Licenses, CDS Licenses, and Certifications. Each licenses screen allows you to enter all details regarding licenses that are appropriate to your 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 for the packet.
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, 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**

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

**Full Packet**  
Ginny Linden | 2 Facilities

## CDS Licenses

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	Expiration
-------	--------	---------	--------	------------

**1** Add License

**3** Save & Continue Save Reset Section

List all current State Controlled Substance Registration Licenses.

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

2 Add Certification

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

**3** 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
---------------	------------

1 Save & Continue Save Reset Section

4

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

1. If you do not have any certifications, click on 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. Upload 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

**PARALLON®**

**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 you are insured or plan 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**  
> EDUCATION & TRAINING  
> SPECIALTIES & BOARDS  
> AFFILIATIONS & WORK HISTORY  
> REFERENCES  
> CALL COVERAGE  
[Return to Packets](#)

## 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	
Complete	Hartford Casualty Insurance Co	TX945784512B	02-01-2016 <a href="#">Edit</a> <a href="#">Undo Add</a>

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 to you, click the box next to “This section is not applicable.” Click Save and Continue.
4. To add a 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  
> GENERAL  
> LICENSES & CERTIFICATIONS  
> 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 you are NOT a Foreign Medical Graduate, answer No. Click Save and Continue.
3. If you answer Yes to Foreign Medical Graduate question, please answer the question pertaining to attending a Fifth Pathway.
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, Save and Continue.

Are you a foreign medical graduate? \*

Yes No **3**

Did you attend Fifth Pathway? \*

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

**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME  
Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

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

2

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. For prepopulated schools, please edit, as necessary.
3. Please list up to ten (10) post high school education records. To add an 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.

**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME  
Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

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

SPECIALTIES & BOARDS

AFFILIATIONS & WORK HISTORY

## 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 you do 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.

**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME

Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

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 you do not have Education Gaps, please click on 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

**PARALLON®**

**Full Packet**  
Ginny Linden | 2 Facilities

**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
<span>Complete</span>	Primary	Emergency Medicine	<span>4</span> Certified <a href="#">Edit</a>

**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 would 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.

**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME  
Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

Specialties

**Boards** 1

AFFILIATIONS & WORK HISTORY

REFERENCES

## 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	03/01/2020		04/30/2025	<a href="#">Edit</a> <a href="#">Undo Add</a>

2 [Save & Continue](#) 4 [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®**



**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME  
Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

**AFFILIATIONS & WORK HISTORY**

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

REFERENCES

CALL COVERAGE

QUESTIONS & FORMS

[Return to Packets](#)

## 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 **3**

MM/YYYY

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 denoted by a red asterisk (\*).
4. If you have served in the Military but are 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.

**Full Packet**  
Ginny Linden | 2 Facilities

**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	
Blount Memorial Hospital	Current	Primary	08-01-2020	08-26-2022	<span>Incomplete</span> <a href="#">Edit</a> <a href="#">Undo Add</a>

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

1. Click on Affiliations
2. Answer the Affiliations question.
3. If you answer No, please explain what type of admitting arrangements you have in the field provided.
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

**Affiliations**

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

Yes  No

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

3

0 of 500 characters

**Full Packet**  
Ginny Linden | 2 Facilities

**Work History** 4 [Add History Record](#)

**2**

**Instructions**

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

This section is not applicable

Facility	Start Date	End Date	
<span>Complete</span> University of Tennessee Memorial Hospital <b>3</b>	01-2019	12-2020	<a href="#">Edit</a> <a href="#">Undo Add</a>

< 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
No Data		

**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 you do not have work history, 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

**PARALLON®**

**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME  
Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

AFFILIATIONS & WORK HISTORY

**REFERENCES** (1)

Peers

CALL COVERAGE

QUESTIONS & FORMS

DOCUMENTS

SUBMIT PACKET

← Return to Packets

## Peer References

Select Existing Peer (0) Add Peer Reference Record (5)

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 (6)
Complete	Allan H Bailey, MD	Emergency Medicine	AB@doctortest.com	615-329-2141	Edit Undo Add

Save & Continue (7) Save Reset Section

1. Click on References. Then. click on Peers.
2. Read instructions thoroughly and provide three (3) professional peers who have current knowledge of your clinical competency.
3. If you have graduated from your highest level of medical training within the last 12 months, please provide the requested information for the residency training program director and two (2) professional peers.
4. To add a 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®**

**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME  
Introduction

GENERAL

LICENSES & CERTIFICATIONS

INSURANCE

EDUCATION & TRAINING

SPECIALTIES & BOARDS

AFFILIATIONS & WORK HISTORY

REFERENCES

**CALL COVERAGE**

- Alternate Practitioners
- Practice Partners
- Sequence of Call

QUESTIONS & FORMS

DOCUMENTS

Return to Packets

## 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 for you when you are 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 a practitioner, click the blue Add Practitioner button and complete the required information denoted by a red asterisk (\*).
5. When finished, click Save and Continue.



**Full Packet**  
Ginny Linden | 2 Facilities

WELCOME

- Introduction
- GENERAL
- LICENSES & CERTIFICATIONS
- INSURANCE
- EDUCATION & TRAINING
- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
  - Alternate Practitioners
  - Practice Partners**
  - Sequence of Call
- QUESTIONS & FORMS
- DOCUMENTS

[Return to Packets](#)

## Practice Partners

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

Name	Action
Jack Partner, MD	<a href="#">Undo Add</a>

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

1. Click on Practice Partners.
2. List up to 20 partners at your practice.
3. To add a 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 on Save and Continue.

**Full Packet**  
Ginny Linden | 2 Facilities

**WELCOME**  
Introduction

**GENERAL**

**LICENSES & CERTIFICATIONS**

**INSURANCE**

**EDUCATION & TRAINING**

**SPECIALTIES & BOARDS**

**AFFILIATIONS & WORK HISTORY**

**REFERENCES**

**CALL COVERAGE**

- Alternate Practitioners
- Practice Partners
- Sequence of Call**

**QUESTIONS & FORMS**

**DOCUMENTS**

[Return to Packets](#)

## Sequence of Call

**3** [Add Call Number](#)

**2**

**Instructions**  
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		
<b>Complete</b>	Sequence of Call 1	Cell	772-379-8989	<a href="#">Edit</a>	<a href="#">Undo Add</a>
<b>Complete</b>	Sequence of Call 2	Home	812-772-3567	<a href="#">Edit</a>	<a href="#">Undo Add</a>

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

1. Click on Sequence of Call.
2. You can list up to five (5) numbers in the order in which you 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 Save and Continue.



# HCA Credentialing Portal (HCP)

Credentialing Packet –  
Questions and Forms Requirement

**PARALLON®**

**Full Packet**  
Ginny Linden | 2 Facilities

- EDUCATION & TRAINING
- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS**
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation
  - Practitioner Acknowledgement
  - Confidentiality and Security Agreement
  - Communicable Disease Screening and Immunization Record
  - Privileges
- DOCUMENTS

< Return to Packets

If you do not have enough space for an explanation, please attach the explanation in the Supplementary Documents section using the Miscellaneous document type.

**Licensure**

1. Has your license to practice, in your profession, ever been denied, suspended, revoked, restricted, voluntarily surrendered while under investigation, or have you ever been subject to a consent order, probation or any conditions or limitations by any state licensing board?

Yes No

Please Explain \*

0 of 250 characters

2. Have you ever received a reprimand or been fined by any state licensing board? \*

Yes No

**Hospital Privileges and Other Affiliations**

3. Have your clinical privileges or Medical Staff membership at any hospital or healthcare institution ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical records when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?

Yes No

△ Click Save to keep your changes.

Save & Continue Save Reset Section

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.

**Full Packet**  
Ginny Linden | 2 Facilities

- EDUCATION & TRAINING
- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation** 1
  - Practitioner Acknowledgement
  - Confidentiality and Security Agreement
  - Communicable Disease Screening and Immunization Record
  - Privileges
- DOCUMENTS

[Return to Packets](#)

## 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 2

**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.

6 [Save & Continue](#)

⚠ 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.
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.

**Full Packet**  
Ginny Linden | 2 Facilities

- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation
  - Practitioner Acknowledgement** 1
  - Confidentiality and Security Agreement
  - Communicable Disease Screening and Immunization Record
  - Privileges
- DOCUMENTS
- SUBMIT PACKET

[Return to Packets](#)

## 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.

**Full Packet**  
Ginny Linden | 2 Facilities

- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation
  - Practitioner Acknowledgement
  - Confidentiality and Security Agreement**
  - Communicable Disease Screening and Immunization Record
  - Privileges
- DOCUMENTS

## 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. \*

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.

**Full Packet**  
Ginny Linden | 2 Facilities

- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation
  - Practitioner Acknowledgement
  - Confidentiality and Security Agreement
  - Communicable Disease Screening and Immunization Record**
  - Privileges
- DOCUMENTS
- SUBMIT PACKET

[Return to Packets](#)

## 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](#)

### Tuberculosis Screening

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

N/A; not tested

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. \*

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. \*



**Full Packet**  
Ginny Linden | 2 Facilities

- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS**
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation
  - Practitioner Acknowledgement
  - Confidentiality and Security Agreement
  - Communicable Disease Screening and Immunization Record
  - Privileges** 1
- DOCUMENTS
- SUBMIT PACKET

[Return to Packets](#)

## 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 you are requesting privileges.
3. Read instructions thoroughly.

**Full Packet**  
Ginny Linden | 2 Facilities

- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS**
  - Texas Disclosures
  - HCA required for TX
  - CME Attestation
  - Practitioner Acknowledgement
  - Confidentiality and Security Agreement
  - Communicable Disease Screening and Immunization Record
  - Privileges** 1
- DOCUMENTS
- SUBMIT PACKET

[Return to Packets](#)

## 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](#)

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

**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**  
Ginny Linden | 2 Facilities

**Privileges**

Instructions  
Please complete each requested Privilege

Facility	Status
St Davids Round R	Incomplete
St Davids South A	Incomplete

**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 \***

- 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.

**Print**

**Complete** **Close** **Reset**

- Finalize Privileges by selecting one of the following:
  - 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.



# HCA Credentialing Portal (HCP)

Credentialing Packet – Documents Requirement

**PARALLON®**

**Full Packet**  
Ginny Linden | 2 Facilities

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

[Return to Packets](#)

## Signed Forms

Instructions

- Documents we require copies of for submission of your packet can be found listed below. Please review and ensure 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, 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	PHARMACY SIGNATURE FORM (ACTION REQUIRED)

Save & Continue Save Reset Section

The requirement for Documents include:

- Signed Forms
- Supplementary Documents
- Reference Documents

- Click on Documents.
- Click on Signed Forms.
- Click on each form listed.
  - Download the form.
  - Print the form.
  - Sign the form.
- Upload the form in HCP. Forms can also be faxed but for a timely credentialing process, we recommend uploading all supplementary documents and forms.
- When finished, click Save and Continue.

**Full Packet**  
Ginny Linden | 2 Facilities

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

< Return to Packets

## 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.

**Full Packet**  
Ginny Linden | 2 Facilities

Introduction

- > GENERAL
- > LICENSES & CERTIFICATIONS
- > INSURANCE
- > EDUCATION & TRAINING
- > SPECIALTIES & BOARDS
- > AFFILIATIONS & WORK HISTORY
- > REFERENCES
- > CALL COVERAGE
- > QUESTIONS & FORMS
- > DOCUMENTS
  - Signed Forms
  - Supplementary Documents
  - Reference Documents** (1)
- > SUBMIT PACKET

< Return to Packets

## 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 Referenced Documents.
2. These are documents that provide information that users can download for references.
3. Click Save and Continue after reviewing documents.



# HCA Credentialing Portal (HCP)

Credentialing Packet –Submit Requirement

**PARALLON®**

**Full Packet**  
Ginny Linden | 2 Facilities

- GENERAL
- LICENSES & CERTIFICATIONS
- INSURANCE
- EDUCATION & TRAINING
- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
- DOCUMENTS
- SUBMIT PACKET**
  - Authorization, Attestation and Release**
  - TX Authorization, Attestation and Release
  - Submit Packet

[Return to Packets](#)

## Authorization, Attestation and Release

**A. Conditions of Application**  
I am seeking participation, membership and/or clinical privileges at certain "HCA Entities". Except as otherwise specified in Section B(3) below, "HCA Entity" or "HCA Entities" shall mean any entity which directly or indirectly, through one or more intermediaries, controls or is controlled by, or is under common control with HSS Systems, LLC. In support of this request, I am providing the Credentialing Processing Center ("CPC") with the information in the attached Request for Consideration, Recredentialing Request for Consideration, or Request for Increased, New Clinical Privileges, or Change in Prescriptive Authority, as applicable ("RFC/RRFC/RFINCP"). The RFC/RRFC/RFINCP shall be referred to throughout this Authorization, Attestation and Release as a "Request." Once complete, I authorize the CPC to provide this information to applicable HCA Entities for their use in evaluating my Request and/or Application for participation, medical staff membership and/or clinical privileges.

Once my Request is transferred to the HCA Entity as an Application, I understand that each HCA Entity has its own criteria for participation, medical staff membership and/or clinical privileges and that each HCA Entity will evaluate my qualifications, competence and conduct, and make an independent determination regarding my Request and/or Application. I further understand that my agreement to the terms and conditions set forth in this Authorization, Attestation and Release does not guarantee that I will be granted participation, employment, medical staff membership, clinical privileges or any other status at any HCA Entity.

In return for my Request being processed and/or Application considered, and as a continuing condition of my participation, medical staff membership and/or clinical privileges, if granted, I agree to observe and be legally bound by the following terms and conditions:

- 1. Complete and Accurate Information**  
I represent that all of the information provided in or attached to the Request and Application is accurate and complete. I understand and agree that the Request or Application will not be processed if deemed incomplete. Any failure to provide requested information or any misrepresentation or misstatement in, or omission from the information, Request or Application, whether intentional or not, may be a basis to stop processing the Request and/or my Application. In the event that I am granted participation, medical staff membership and/or clinical privileges at any HCA Entity prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may be deemed to constitute an automatic relinquishment of my participation, medical staff membership and/or clinical privileges at the sole discretion of the HCA Entity, as applicable subject to a request for reinstatement. In either situation, I am not entitled to any hearing or appeal rights contained in the applicable Medical Staff Bylaws, Credentials Policy, other applicable policies and/or Rules and Regulations of the HCA Entity.
- 2. Adequate Information**

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

**Acknowledgement**  
Ginny Lee Linden, acknowledge that I have read and understand the foregoing Authorization, Attestation and Release. I understand and agree that a facsimile, photocopy, or electronic copy of this Authorization, Attestation and Release shall be as effective as the original.

I Agree

## The requirements for Submit Packet include:

- Authorization, Attestation and Release
- Submit Packet Acknowledgement

1. Click on Submit Packet.
2. Click on Authorization, Attestation and Release.
3. Read the document thoroughly. By clicking on "I Agree" you are attesting you understand the foregoing Authorization, Attestation and Release form.
4. Click Save and Continue.

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



**Full Packet**  
Ginny Linden | 2 Facilities

2

- GENERAL
- LICENSES & CERTIFICATIONS
- INSURANCE
- EDUCATION & TRAINING
- SPECIALTIES & BOARDS
- AFFILIATIONS & WORK HISTORY
- REFERENCES
- CALL COVERAGE
- QUESTIONS & FORMS
- DOCUMENTS
- SUBMIT PACKET
  - Authorization, Attestation and Release
  - TX Authorization, Attestation and Release
  - Submit Packet 1

## Submit Packet

### Acknowledgement

Please review and make any necessary changes to each tab on the left navigation panel. After confirming accuracy of information being submitted, including privileges requested, electronically sign and click "Submit Packet."

Electronic signature and submission of this form serves as an attestation that you have read and confirm the accuracy of the information being submitted.

I acknowledge that I have read and understand the foregoing Authorization, Attestation and Release. I understand and agree that a facsimile, photocopy, or electronic copy of this Authorization, Attestation and Release shall be as effective as the original.

Agree 3

4 Submit Packet

[Return to Packets](#)

1. Click on Submit Packet.
2. Review and make any necessary changes to the requirements of the packet.
3. By clicking "Agree" this is your electronic signature and submission of the form, and it serves as an attestation that you have read and confirm the accuracy of the information being submitted.
4. When finished, click Submit Packet.