

**Summary of Changes to the 5/1/12  
Oregon Practitioner Credentialing and Recredentialing Applications  
Reflected in the 2015 Versions of the Applications**

This document summarizes changes to the 5/1/2012 Oregon Practitioner Credentialing and Recredentialing Applications as recommended by the Advisory Committee on Physician Credentialing Information and approved by the Oregon Health Authority director on 7/16/2015.

**Oregon Practitioner Credentialing Application (OPCA):**

Page 1:

- Modified the language in the seventh bullet in Section I. Instructions for clarity, so it reads: **If a section does not apply to you, please check the “Does Not apply” box at the top of the section.**
- Removed the bullet reading **Identify the health care related organization(s) to which this application is being submitted in the space provided below** from Section I. Instructions.
- Changed the wording of the eighth bullet in Section I. Instructions from **Mail application to Submit application.**
- Removed the question **I am applying to (please list: Hospital Staff, HMO, IPA) : \_\_\_\_\_ for: \_\_\_\_\_ (i.e., staff membership, network participation, if applicable)** from the bottom of Section I. Instructions.

Page 4:

- Removed the words **and Street Address** from the “Complete Medical / Professional School Name” box in Section X. Medical / Professional Education.

Page 6:

- Added a field for **Physician Assistant Supervising Physician Full Name and Oregon License Number** to Section XIV. Health Care Licensure, Registrations, Certificates & ID Numbers.

Page 10:

- Added the words **if available** to the **Fax Number** boxes in Section XX. Professional Liability Insurance.

Page 11:

- Changed Question C in Section XXI. Attestation Questions from **Have you ever been denied clinical privileges, membership, or contractual participation by any health care related organization, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?** to **Have you ever been denied clinical privileges, membership, or contractual participation by any health care related organization, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily relinquished while under**

**investigation, not renewed while under investigation , involuntarily relinquished, or is any such action pending or under review?**

- Changed Question F in Section XXI. Attestation Questions from **Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?** to **Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily relinquished while under investigation , not renewed while under investigation , involuntarily relinquished, or is any such action pending or under review?**
- Removed the sections for **Initials** and **Date** from the bottom of page 11.

Page 12:

- Removed the sections for **Initials** and **Date** from the bottom of page 12.

### **Oregon Practitioner Recredentialing Application (OPRA):**

Page 1:

- Modified the language in the seventh bullet in Section I. Instructions for clarity, so it reads: **If a section does not apply to you, please check the “Does Not apply” box at the top of the section.**
- Removed the bullet reading **Identify the health care related organization(s) to which this application is being submitted in the space provided below** from Section I. Instructions.
- Changed the wording of the eighth bullet in Section I. Instructions from **Mail application to Submit application.**
- Removed the question **I am applying to (please list: Hospital Staff, HMO, IPA) : \_\_\_\_\_ for: \_\_\_\_\_ (i.e., staff membership, network participation, if applicable)** from the bottom of Section I. Instructions.

Page 4:

- Added a field for **Physician Assistant Supervising Physician Full Name and Oregon License Number** to Section X. Health Care Licensure, Registrations, Certificates and ID Numbers.

Page 8:

- Added the words **if available** to the **Fax Number** boxes in Section XV. Professional Liability Insurance.

Page 9:

- Changed Question C in Section XVI. Attestation Questions from **In the last three (3) years have you ever been denied clinical privileges, membership, or contractual participation by any health care related organization, or have clinical privileges, membership, participation or employment at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?** to **In the last three (3) years have you ever been denied clinical privileges, membership, or contractual participation by any health care related organization, or have clinical privileges, membership, participation or employment**

at any such organization ever been placed on probation, suspended, restricted, revoked, voluntarily relinquished while under investigation, not renewed while under investigation, involuntarily relinquished, or is any such action pending or under review?

- Changed Question F in Section XVI. Attestation Questions from **In the last three (3) years has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily or involuntarily relinquished or not renewed, or is any such action pending or under review?** to **In the last three (3) years has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, limited, voluntarily relinquished while under investigation , not renewed while under investigation , involuntarily relinquished, or is any such action pending or under review?**
- Removed the sections for **Initials** and **Date** from the bottom of page 9.

Page 10:

- Removed the sections for **Initials** and **Date** from the bottom of page 10.

For reference, the 7/16/15 versions of the forms can be found at the following links:

- OPCA: <http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Documents/2015CredApp.doc>
- OPRA: <http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Documents/2015RecredApp.doc>
- Glossary: <http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Documents/2015Glossary.doc>

The 5/1/12 versions of the forms can be found at the following links:

- OPCA with Glossary: <http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Documents/2012credappglossary.doc>
- OPRA with Glossary: <http://www.oregon.gov/oha/HPA/OHIT-ACPCI/Documents/2012recredappglossary.doc>