

Summary of Changes to the 7/16/09
Credentialing and Recredentialing Applications
Approved by the ACPCI on 9/28/11

The Advisory Committee on Physician Credentialing Information (ACPCI) met on September 28, 2011 and reviewed both the Credentialing and Recredentialing application forms and made the following changes:

Oregon Practitioner Credentialing Application:

Cover Page:

- Change date at bottom of page to date when rulemaking process is completed (TBD).

Page 1:

- Under Instructions third bullet point changed page numbers to 11 and 12

Page 2:

- Under II: Practitioner Information, added **Visa Expiration Date** to the box containing immigrant visa number information
- Under III: Specialty Information, added **Telemedicine with a checkbox**

Page 3:

- Under VI: Practice Information, changed first box wording to read “Name of **Primary Practice/Affiliation or Clinic**”
- Changed “Mailing Address” to Mailing/**Billing** Address” in 2 sections

Pages 4 & 5: No Changes

Page 6:

- Under XIV: Health Care Licensure, Registration, Certificates & ID Numbers, changed “UPIN” to “**Individual NPI Number**” and deleted the previous box which contained this entry

Page 7 & 8: No Changes

Page 9:

- Added a new section **XIX: Continuing Medical Education** with the same information as requested on the Recredentialing form except limited to the past two (2) years

Page 10:

- Renumbered the section on Professional Liability Insurance from section XIX to section XX

Page 11:

- Renumbered the section on Attestation Questions from section XX to section **XXI**
- Added a **checkbox** to question M for answer Yes

Page 12:

- Question 5: the word “extent” was uncapitalized

Attachment A: No Changes

Glossary:

- Added the word **Telemedicine with definition**
- **UPIN** was deleted

Oregon Practitioner [Recredentialing](#) Application:

Cover Page:

- Change date at bottom of page to date when rulemaking process is completed (TBD)

Page 1: No Changes

Page 2:

- Section II Practitioner Information: changed “Status” “**Visa Expiration Date**” and deleted the boxes containing “Educational Commission for Foreign Medical Graduates (ECBMG) number (if applicable)” and “Month/Year Issued”
- Section III Specialty Information: added **Telemedicine with a box**

Page 3:

- Under VI: Practice Information, changed first box wording to read “Name of **Primary** Practice/Affiliation or Clinic” and changed “Mailing Address” to Mailing/**Billing** Address” in 2 sections

Page 4:

- Section IX Continuing Medical Education: changed the requirement to **two (2)** years
- Under X: Health Care Licensure, Registration, Certificates & ID Numbers, changed “UPIN” to “**Individual NPI Number**” and deleted the previous box which contained this entry

Pages 5-8: No Changes

Page 9

- Changed question N to request information on liability claims or lawsuits for the past **five (5)** years rather than three (3) years

Page 10: Authorization and Release of Information Form

- Question 5: the word “extent” was uncapitalized

Attachment A:

- Under Professional Liability Action Detail: changed the years of requested information on liability claims or lawsuits to the past **five (5)** years from the past three (3) years

Glossary:

- Added the word **Telemedicine with definition**
- **UPIN** was deleted