

PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

PHYSICIAN CHECK-LIST

Enclosed, please find my completed application for appointment to Kern Health Systems.

I have enclosed the following:

	YES	NO	If not enclosed, expected date
1) Copy of Current License	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Copy of DEA certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Board/Residency Certificates	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Current Professional liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Current General liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) CV	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) CLIA Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) X-Supervisory License	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) Completed CPPA including:	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Social Security #	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Specialty	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Practice Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Hospital Affiliation	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Complete Attestation Questions	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Information release	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Addendum A	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Addendum B	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Attachment C	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Attachment D	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Attachment E	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____
