

Welcome to Coaxion Radiology! The information provided in this packet will be used to support our credentialing process and any subsequent licensing, privilege, and/or enrollment needs. Please return the information below within 72 hours of this notice. The amount of effort put into this document will reap dividends.

- 1. Teleradiology Privilege Form**
- 2. Identification Verification Form**
- 3. Credentialing Application**
- 4. Required Supporting Documents:**

- ☐ Professional Color Headshot Photo
- ☐ Current & Prior affiliations (start and end/current dates)
- ☐ Color copy of front and back of Current Driver's license or Gov't Issued ID
- ☐ Birth Certificate or Passport
- ☐ Copy of signed SSN Card
- ☐ Voided Check (*for Direct Deposit*)
- ☐ Current CV in MM/YY format (must account for any 30-day gap in employment or education) ☐ ECFMG Certificate (*if applicable*)
- ☐ Certificates of Training (Medical School, Internships, Residencies, and Fellowships)
- ☐ Current copies of all state medical license(s)
****CA & NJ required if currently licensed due to Medicaid/Medicare*
- ☐ Current copies of all Federal DEA and State Controlled Substance licenses
- ☐ RAM License (*If previously listed on one*)
- ☐ Current ACLS/BLS/PALS Certificate
- ☐ Board Certificates (ABR, ABPS, ABNM, ABME, ABMS etc.) /core exam letter (*If not board certified*)
- ☐ Certificates of Malpractice Insurance for the past 10 years
- ☐ Malpractice Claim Information (*initial complaint and dismissal/settlement*) and Personal Statements for:

- Dismissed
- Pending
- Settled Claims, or
- Demand Letter/Notices of Intent

- ☐ Immunization records, Current Flu, TB vaccines, COVID vaccination/Exemption
- ☐ Other Immunization Records (MMR, Varicella, Hep B, ect)
- ☐ CME Certificates (*Past 3 years*)
- ☐ Case Logs or activity reports covering the past 2 years from all institutions where you have trained or practiced
- ☐ Military discharge documents (DD214) and if active, Statement of Service (*if applicable*)

*****If you read Mammography, copies of the following are required.

- ☐ Mammo Breast Procedure Training Letter from Residency Program
- ☐ Letter from residency documenting interpreted or multiread 240 mammographic examinations under direct supervision and 60 hours documented Category 1 CMEs in Mammography if qualified after 04/28/1999. If before 4/28/1999 must have 40 hours. The letter needs to include hours of training and numbers read.
- ☐ CME's taken within last 36 months for Mammo, Category 1 (minimum 15 hrs)
- ☐ Proof of 8 hrs initial training in Digital, Stereotactic, and Tomo
- ☐ ACR Interpreting Physician form – will be sent separately by Elizabeth Reina
- ☐ Proof of 960 Mammograms interpreted within the last 24 months. Must be signed and dated by Lead Mammo Tech.

Please contact your credentialing representative with any questions about the credentialing process.

Additionally, during your tenure at Coaxion Radiology, you may be asked to provide other documents to support a facility specific request. We appreciate your support in returning these items in a timely manner.

Thank you for your cooperation,