



**CAQH  
Provider Data Form  
for Credentialing Purposes**

To begin your credentialing process, please use this simple, standardized form. Please note that the top portion of this form is required information.

DATE:				
Last Name:		First Name:		Middle Initial:
Date of Birth:		Primary Telephone No.:		
Primary Office Street Address:			Suite #:	
Primary Office City:		State:	County:	Zip:
Provider Type (MD, DO, DC, DDS, DMD, DPM, etc) :				
Specialty:		Applying As: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health Professional		
Are you board certified?    Yes    No		If Yes, board name:		
Are you registered with CAQH?    Yes    No		If Yes, CAQH Provider ID:		

If you are not registered with CAQH, please provide the following additional information, which is necessary to register you with the CAQH Universal Credentialing DataSource.

Primary Fax No.:		Email Address:	
Social Security No.:		DEA Certificate No.:	
State License No.:		Licensed State:	
UPIN:		Tax ID:	

- CAQH does not perform primary source verification. Verification of credentials is performed by Preferred Care Credentialing staff. Completion of the credentialing process takes 8-10 weeks from the time that your CAQH application is complete and available for download by the Preferred Care Credentialing Department.
- If you have already completed your application with CAQH, please ensure that you have authorized all applicable organizations to access your data.
- Using the CAQH Universal Credentialing DataSource does not grant participation or constitute applying for participation with any of the above organizations. If applicable, please contact Preferred Care directly to request contracting information.