Connie Lucero, Credentialing Coordinator
Community Medical Associates BCH
5450 Western Ave, Suite B
Boulder, CO 80301-2709
Office: 303-415-4770
Fax: 303-415-4769
E-Mail: clucero@bch.org

Please fill in and attach the listed credentialing documents.

Provider Information:

Full Legal Name: _____ Other name(s): _____
Dates Used: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Individual Medicare PTAN: _____
Individual CO Medicaid #: _____

Individual NPI Number: _____ User Name: _____
1-800-465-3203 https://nppes.cms.hhs.gov/NPPES/Welcome.do Password: _____

CAQH Number: _____ User Name: _____
1-888-599-1771 https://proview.caqh.org/Login?Type=PR Password: _____

Required Documents if Applicable:

	N/A	Document Type
☐	☐	Medical License(s) Wallet Size & Signed
☐	☐	DEA Certificate(s)
☐	☐	Board Certificates
☐	☐	Internship Certificate of Completion
☐	☐	Residency Certificate of Completion
☐	☐	Fellowship Certificate of Completion
☐	☐	Medical School Diploma
☐	☐	BLS, ACLS, ATLS
☐	☐	Current CME Credits (within the last 36 months)
☐	☐	Current CV
☐	☐	Professional Liability Insurance Facesheet
☐	☐	Copy of Picture ID a valid driver's license or passport are acceptable *Please enlarge 50-60%.*
☐	☐	TB test results/Chest X-ray report

Please include documentation of any additional certifications you hold.