

Licensed Independent Practitioner (LIP) Initial Credentialing Application Checklist

Use this checklist when completing an initial credentialing application for medical staff appointment at a VA facility in VetPro. The VetPro application should be completed within the required timeframe as indicated by the notification from the facility Credentialing Office personnel.

The checklist provides the tasks to complete the VetPro credentialing application and the corresponding screens in VetPro where those tasks will be performed.

Enter any comments related to the tasks in the Comments column.

Please contact the facility Credentialing Office with any questions about the checklist, as well as any problems experienced in VetPro. A ticket for assistance may also be submitted to the VetPro Helpdesk.

Tip: Try to have all professional credentials (e.g. licenses, employment information) available in one place for easy reference before beginning the VetPro application. This will decrease the amount of time it takes to complete the application. During the application process, refer to the Provider Summary to review your credentialing application – it will indicate when required sections are completed or not completed.

Remember: The VetPro electronic credentialing application is only part of the credentialing process. Submit all additional requested information to the Credentialing Office and/or Human Resources, as appropriate.

Note: The practitioner must attest to the facility medical staff bylaws and attest that all information entered in the VetPro application is correct to the best of their knowledge. Therefore, the application ***cannot*** be completed by anyone other than the practitioner for whom the application was generated (i.e. you). This includes designees such as an assistant.

Note: This form is not to become part of the practitioner’s permanent file, and is to be destroyed in accordance with RCS 10-1.

VetPro Login		
Completed	Tasks	Comments
	1. Navigate to VetPro URL: https://fcp.vetpro.org/	
	2. Enter username and password as seen on credentialing letter	
Change Password		
	1. Enter Current Password as password as seen on credentialing letter	
	2. Enter New Password as new unique password a. Make note of new password – will be used as electronic signature	
	3. Enter Confirm Password same as New Password	
	4. Select Change Password to complete login	
Personal Profile		
Completed	Tasks	Comments
	1. Review information for accuracy and make updates, as needed	

	2. Complete all required information a. Required fields display with an asterisk [*] in front of field name	
	3. Select Accept to save changes	
	4. Select “Click Here to Enter/View Former Names” link to add former names (e.g. maiden name), as needed	
NPI/Taxonomy		
Completed	Tasks	Comments
	1. Enter National Provider Identifier (NPI) and Taxonomy code(s) a. If none currently assigned, navigate to URL provided in message on top of page to apply for NPI	
	2. Select Save to save changes	
Supplemental Attestation Questions		
Completed	Tasks	Comments
	1. Read message on top of page	
	2. Answer Questions 1-12 based on instructions in message a. If you answered “No” for all questions, proceed to Step 3 b. If you answered “Yes” for any question, enter Explanation before proceeding to Step 3 i. Provide basic Explanation - details should be provided in supplementary documentation ii. Explanation cannot be more than 2,000 characters in length iii. DO NOT ENTER ANY PATIENT INFORMATION	
	3. Read message below Question 12	
	4. Answer Questions 13-17 based on instructions in message a. If you answered “No” for all questions, proceed to Step 5 b. If you answered “Yes” for any question, enter Explanation before proceeding to Step 5 i. Provide basic Explanation - details should be provided in supplementary documentation ii. Explanation cannot be more than 2,000 characters in length iii. DO NOT ENTER ANY PATIENT INFORMATION	
	5. Select Save to save changes	

Professional Education		
Completed	Tasks	Comments
	1. Enter information for Qualifying Degree (i.e. education which qualifies you for position)	
	2. Select Save to save changes	
	3. Select Add New Record and repeat Steps 1-2 to enter additional education, as needed a. Non-qualifying education not required to be entered, because it is not required for position	
Professional Training (if applicable)		
Completed	Tasks	Comments
	1. Enter information for period of post-graduate training (e.g. residency, internship) a. If training part of degree program, not required to be entered	
	2. Select Save to save changes	
	3. Select Add New Record and repeat Steps 1-2 to enter additional training, as needed	
ECFMG (if foreign education)		
Completed	Tasks	Comments
	1. Enter information from Educational Commission for Foreign Medical Graduates (ECFMG) certification	
	2. Select Save to save changes	
License		
Completed	Tasks	Comments
	1. Enter information for license a. At least one active, current, full, unrestricted U.S. license required b. All current and past licenses held <i>must</i> be entered	
	2. Select Save to save changes	
	3. Select Add New Record and repeat Steps 1-2 to enter all current and past licenses held, as needed	
Federal DEA (if applicable)		
Completed	Tasks	Comments
	1. Enter information for Drug Enforcement Administration (DEA) registration a. To prescribe at VA facility, registration cannot be restricted to another agency or organization	
	2. Select Save to save changes	
State CDS (if applicable)		
Completed	Tasks	Comments
	1. Enter information for State Controlled Dangerous Substances (CDS) certificate a. All current and past certificates held <i>must</i> be entered	

	2. Select Save to save changes	
	3. Select Add New Record and repeat Steps 1-2 to enter all current and past certificates held, as needed	
Certification/Registration (if applicable)		
Completed	Tasks	Comments
	1. Enter information for Specialty certification/registration a. Includes Maintenance of Certification (MOC) information b. All current and past certifications/registrations held <i>must</i> be entered	
	2. Enter information for Subspecialty certification/registration (if applicable) a. Includes MOC information	
	3. Enter certifying board information	
	4. Select Save to save changes	
	5. Select Add New Record and repeat Steps 1-4 to enter all current and past certifications/registrations, as needed	
References/Peer Review		
Completed	Tasks	Comments
	1. Enter reference information a. Reference <i>must</i> be in your specialty b. Reference <i>must</i> be able to attest to your clinical competency/skills (cannot be relative/spouse) c. For recent graduate and initial appointment, one reference <i>must</i> be from Program Director or Supervisor d. Reference must be living in U.S. e. Enter all contact information available - email is quickest method of contact	
	2. Select Save to save changes a. Only select Save <i>once</i> - selecting multiple times will create duplicate records which will need to be removed by selecting Delete	
	3. Select Add New Record and repeat Steps 1-2 to enter a total of at least <i>four</i> references a. Additional references may be helpful if another reference cannot be reached for response b. Make sure to contact your references so that they can respond timely to the request	
Personal History		
Completed	Tasks	Comments

	<ol style="list-style-type: none"> 1. Enter information for employment period since Qualifying Degree graduation <ol style="list-style-type: none"> a. If no employment, enter time period with reason for no employment (e.g. medical leave, unemployment) b. Enter dates to best of knowledge, if unsure c. Periods of education or training should be entered in corresponding sections, <i>not</i> Personal History – these periods are calculated as part of timeline 	
	<ol style="list-style-type: none"> 2. Select Save to save changes 	
	<ol style="list-style-type: none"> 3. Select Add New Record and repeat Steps 1-2 to account for all time since Qualifying Degree graduation <ol style="list-style-type: none"> a. There <i>Cannot</i> be gaps in timeline greater than <u>30</u> days 	
Provider Summary		
Completed	Tasks	Comments
	<ol style="list-style-type: none"> 1. Review information for accuracy <ol style="list-style-type: none"> a. Any text in red at top of screen indicates required item(s) not yet entered by you b. If missing information, navigate to corresponding section and update c. If SSN incorrect, <u>stop</u> and contact credentialing office - <u>do not</u> continue until SSN corrected 	
Sign and Submit		
Completed	Tasks	Comments
	<ol style="list-style-type: none"> 1. Read statements 	
	<ol style="list-style-type: none"> 2. Attest to facility medical staff bylaws by selecting facility <ol style="list-style-type: none"> a. If bylaws not provided, <u>stop</u> and contact credentialing office - <u>do not</u> continue until provided 	
	<ol style="list-style-type: none"> 3. Enter VetPro password (created by you at login) as Signature 	
	<ol style="list-style-type: none"> 4. Select Submit Application to sign and submit application 	
	<ol style="list-style-type: none"> 5. Confirm application successfully submitted - will receive Thank You message <ol style="list-style-type: none"> a. A partially completed HR 10-2850, 10-2850a, or 10-2850c form may be downloaded at this time by selecting link 	
	<ol style="list-style-type: none"> 6. Select “Logout” link on top right of page to log out of VetPro 	