

**For a credentialing application to be considered complete and ready for processing, the following items must be submitted:**

- Completed, Signed, and Dated Application including Language Assessment (Language Assessment is for initial applications only)
- Copy of license (pocket license or wall certificate)
- Copy of DEA (If applicable)
- W-9
- Malpractice Insurance Face sheet
- CV covering, at minimum, the most recent 5 years of employment
  - Include an explanation of any employment gaps lasting more than 6 months
  - If practitioner has fewer than 5 years of work history, the timeframe starts at the initial licensure date
  - CV should include month and year in the work history section
- Completed, Signed, and Dated Addendum C & D or proof of Medi-Cal Enrollment (Included in the Application)
- Completed, Signed, and Dated DHCS 6207 or proof of Medi-Cal enrollment (Note: only for incorporated practitioners and practitioner groups)
- Completed, Signed, and Dated DHCS 6208 or proof of Medi-Cal enrollment (Note: only for incorporated practitioners and practitioner groups)
- Completed, Signed, and Dated New Provider Training and Attestation (for initial applications only)

**All items should be submitted to [credentialing@sfhp.org](mailto:credentialing@sfhp.org)**