



## APPLICATION INSTRUCTIONS AND CHECKLIST

Enclosed are application and membership materials required to apply for membership in the Humboldt-Del Norte Independent Practice Association (HDNIPA) and the Humboldt Del Norte Foundation for Medical Care. All forms must be completed and signed with required back up materials submitted before participation status will be granted. Please use the following list to assist you in completing the necessary information

**General Instruction and Payment:**

- Application Instructions and Checklist
- \$500.00 for application fee (make checks payable to the HDNIPA)
- \$1,000.00 for purchase of Series A HDNIPA stock, (make checks payable to the HDNIPA)
- IRS W-9 form

**Credentialing:**

- California Participating Physician Application.  
(**Incomplete applications will be returned to the applicant.** Please indicate "None" or "N/A" where appropriate.)
- General Provisions form (This form is required for credentialing staff to receive primary source verification.)
- Primary Care Physician Scope of Services Agreement. (For PCPs only.)
- Curriculum Vitae (Include a minimum of 5-years work history with both MONTH & YEAR indicated and WRITTEN explanations of all gaps greater than two (2) months.)**
- Copy of your Medical Diploma or Certificate
- Current copy of your Specialty Board Certification, if applicable.
- Current copy of your current Medical Board of California Physician and Surgeon License
- Current copy of your current DEA license.
- Current copy of your current Professional Liability (Malpractice) Certificate of Insurance.
- Current copy of your ECFMG certificate (if a foreign medical school graduate)

**Humboldt Del Norte Foundation for Medical Care:**

- The Foundation Application for Membership contract page

**Humboldt Del Norte Independent Practice Association:**

- HDNIPA Subscription Agreement (Exhibit B)
- Disclosure Statement
- Consent of Spouse* Form: If married, spouse signs and dates the upper portion. If unmarried, applicant signs and dates lower portion.

Credentialing for the HDNIPA is conducted by the Humboldt-Del Norte Foundation for Medical Care (Foundation). As an applicant for participation in the HDNIPA/Foundation, you have the right to review information submitted in support of your credentialing application. This review shall be completed in the Foundation's offices. While no original paperwork may be removed from the file, you may request copies of specific documentation in writing. If you would like to obtain a complete copy of the Foundation's Credentialing/Recredentialing Policy and Procedure, please contact Sharon Fullerton, Credentialing Manager, ext. 29.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_