

Credentialing Request Form (OOTC)

Please use this fillable form for any credentialing support requests through the OOTC Administrative Section. Complete each section **in entirety** and then **email** the completed form directly to an Office of the Chief program specialist. Please be as specific as possible in the description of each request.

Full Name of Requestor (First, Middle, Last)			
Preferred Phone Number			
Other E-mail Address (Visitors or consultants)			
LP Section / Institution Name			
Credentials Date Expiration (MM/DD/YYYY format)			
Title of Employee (i.e. Staff Scientist, Scientific Clinician, Monthly Rotator, etc)			
For Short-term Rotators (Must include dates of rotation in MM/DD/YYYY format)	Rotation Start:		Rotation End:

Please select the specific type of credentialing support request from below:

<input type="checkbox"/>	Initial Credentialing Request
<input type="checkbox"/>	Credentialing Reappointment Request
<input type="checkbox"/>	Short-term Credentialing Request (Rotator, Visitor)
<input type="checkbox"/>	Other (Please list specifics below)

Please describe your credentialing request in the box provided below. (I **clude any supporting documents you feel should be included with submission of this form**). Once complete, please email this document directly to an Office of the Chief program specialist .

**** DO NOT ENTER PERSONAL INFORMATION BELOW, this form only serves as an initial request for credentialing support ****