

eCredentialing Portal and Application

QUICK REFERENCE GUIDE

How to Begin

Red asterisks (*) indicate required fields in the application.

Computer Access

- The portal is supported using Chrome, Safari, Edge or Internet Explorer 11 or above.
- The portal is not supported with previous versions of Internet Explorer or with Mozilla Firefox.

Basic Information

Vital and Contact

- Review your date of birth (DOB) and Social Security number (SSN) for accuracy, as both will be used for your electronic signature.

Personal History

- Enter your military history, if applicable.

Alias

- List any other known name(s) (i.e. Maiden, Middle, Nickname).

Languages

- Indicate proficiency level of each language you list (i.e. Read, Speak, Write).

Credentialing Contact

- Enter your credentialing contact's name and contact information or list applicant as credentialing contact if not available.

Education and Training

Medical School and Subsequent Professional Education

- Include all clinical education and training programs, both complete and incomplete.

Practicing Specialty

- Add the specialties in which you are currently practicing.

Disclosure

Disclosure Questions

- Each section lists the number of questions as Question X of Y. When you get to the last question (i.e. Question 7 of 7), the *Continue* button will appear and the *Next* button disappears. You have to select the *Continue* button to save your work and proceed to the next section.

Password Login

- Your new password must contain at least seven alphanumeric characters with at least one capital letter, one lower case letter and one number.
- If you forgot your password, select *Forgot My Password?* to receive a new email with a temporary password.

Practice Locations

- The physical practice location should be listed as a mailing address. P.O. Box addresses are not acceptable for practice locations unless you are a hospital-based provider.
- Please indicate one location as primary and all others as secondary, campus, billing and/or mailing.
- For locations where you no longer practice, enter the closure date in the *End Date* field.
- For services rendered at a practice, upload CLIA, BRAC and other certificates in the *Upload Documents* tab.

Billing

- Specify the billing company used to submit medical claims.

Background Check Information

- Include your current driver's license information.
- Enter your most recent seven years of residency.

Board Certification

- Please enter your board specialties; enter each subspecialty separately.

- Disclosure questions must be completed for Initial Appointment and Reappointment. (over)

Work Background

Licensure Information

- Add all current and prior state medical licenses.

Hospital/Surgery Center Affiliations

- Include current and prior hospital/surgery center affiliations where you have had membership or clinical privileges. This section does not include any educational rotations.

Employment History

- Include all companies or agencies that paid you through contractual agreement (i.e. locum tenens).
- Enter "Gap Explanation" as the *Company Name* for gaps over 30 days and include a description in the *Comments* field.
- Enter your expected start date for a practice location, if not yet started.

Current and Past Insurance Carriers

- Add current and past malpractice insurance carriers for the past 10 years.
- Upload Facesheet or Certification of Insurance in the *Upload Documents* tab.

Privileges

Privilege Request

- Evidence of current clinical competence will be required as indicated in the privilege criteria.
- Moderate, deep or ED sedation requires a facility specific exam and a current copy of ACLS, PALS, NPR, or CPR, as appropriate to your specialty.

Documents

Upload Documents

- PDF is the preferred file format, but you can also upload documents in the following file formats: DOC, DOCX, JPG or TIF.
- Include case logs, activity reports or patient encounters as evidence for requested privileges.
- Continuing Education documentation will be required for requested privileges.

Review and Submit

eSignature

- Your DOB and SSN are required to submit the application.

Questions?

For any questions, please contact the Memorial Hermann Credentialing department at credentialing.helpdesk@memorialhermann.org or you may call 713.338.6464 and select option 3.

Peer References

- Select three peer references that can attest to your clinical competence over the last two years.
- A peer reference must be in your same field/or specialty.
- A peer references cannot be a current partner in a group practice or a relative by blood, marriage or adoption.
- All references must be local for reappointment.

Current Supervising/Collaborating Physicians

- Physicians must have current privileges at the requested facility(ies).

Memorial Hermann Call Coverage

- Enter practitioner(s) who will be on call when you are unexpectedly absent.
- A covering physician must have the same privileges as those you requested on your delineation of privileges (DOP).

- Obstetrical privileges require mandatory Memorial Hermann education within the first three months of initial appointment. Modules must be completed for reappointment.

View and Attest

- View all forms with populated data.
- Check the box to attest.
- Your eSignature will appear after the application is submitted.

