

ECI Instructions for Completing the Texas Standardized Credentialing Application

Complete the following:

Page 1:

Type of Professional, Last, First, Middle Name, Jr, Sr, Etc,
Maiden name, Years Associated with Maiden Name, Other Name, Years Associated with Other Name
Home Mailing address
City, State\Country, Postal (zip) Code
Home Phone, SS#, Gender

Date of Birth, Place of Birth, Citizenship
If not American, Visa # & Status, Are You Eligible to Work in the US?
U.S. Military Service\Public Health, Dates of Service, Last location
Branch of Service, Are you currently on Active or Reserve Military Duty?

Professional Degree Issuing Institution
Address of Institution
City, State\Country, Postal (zip) Code
Title of Degree, Attendance Dates (start and end dates)

Page 2

License Type, License Numer, State of Registration
Original Date of Issue, Expiration Date, Do you currently practice in this state?

National Provider Identifier (NPI Number)
Medicaid Provider number

Pages 3 & 4 & 5

Current Practice/Employer Name, Start and End Dates of Employment
Address
City, State/Country, Postal (zip) code

Complete these sections for each employer you have had.

If there are gaps greater than six months, list gap dates and an explanation for gap in employment. If not enough spaces, continue on page 4, then on page 15

References: Complete this information for three persons, continuing on to page 5
Name\Title, Phone Number
Address
City, State/Country, Postal (zip) code

Pages 8 & 9 & 10

Answer each question. For any answer that is not “no” (except for question # 16), provide explanation on page 10

Page 11

Applicant’s Initials and Date

Page 12

Signature, Printed name, Printed Last 4 digits of SSN or NPI, Date

Pages 13 – 19 -- are only used for information where there was not enough room on earlier pages.

Page 20 –Completed only if you answered “yes” to question 16 on page 9 about malpractice actions.