

CREDENTIALS VERIFICATION OFFICE: New Applicant Process Steps

<http://www.doctorconnect.org/joinbc/Pages/default.aspx>

STEP 1:
Website link to BayCare
Pre-Application
Questionnaire



The screenshot shows the 'Get Credentialed' page on the BayCare Doctor Connect website. The page features a navigation menu with 'Home', 'Get Credentialed', 'Refer for Services', 'Physician Partners', 'HIE', and 'About Us'. A 'NAVIGATION' sidebar on the left lists 'Contact Us', 'Education Benefits', and 'Rules & Regulation and Bylaws'. The main content area is titled 'Get Credentialed' and includes a list of resources: 1. Education, 2. Practice Support, 3. Referral Services, 4. Information Services, 5. Group Discounts, and 6. Electronic Medical Record. Below this list, there is a paragraph explaining the CVO's purpose and a 'Credentialed Login' button. A red arrow points to this button. To the right, there is a 'Related Links' section with links for 'Doctor Connect Access Request Form', 'Physician Referral Service Program', and 'Physician Portal'.

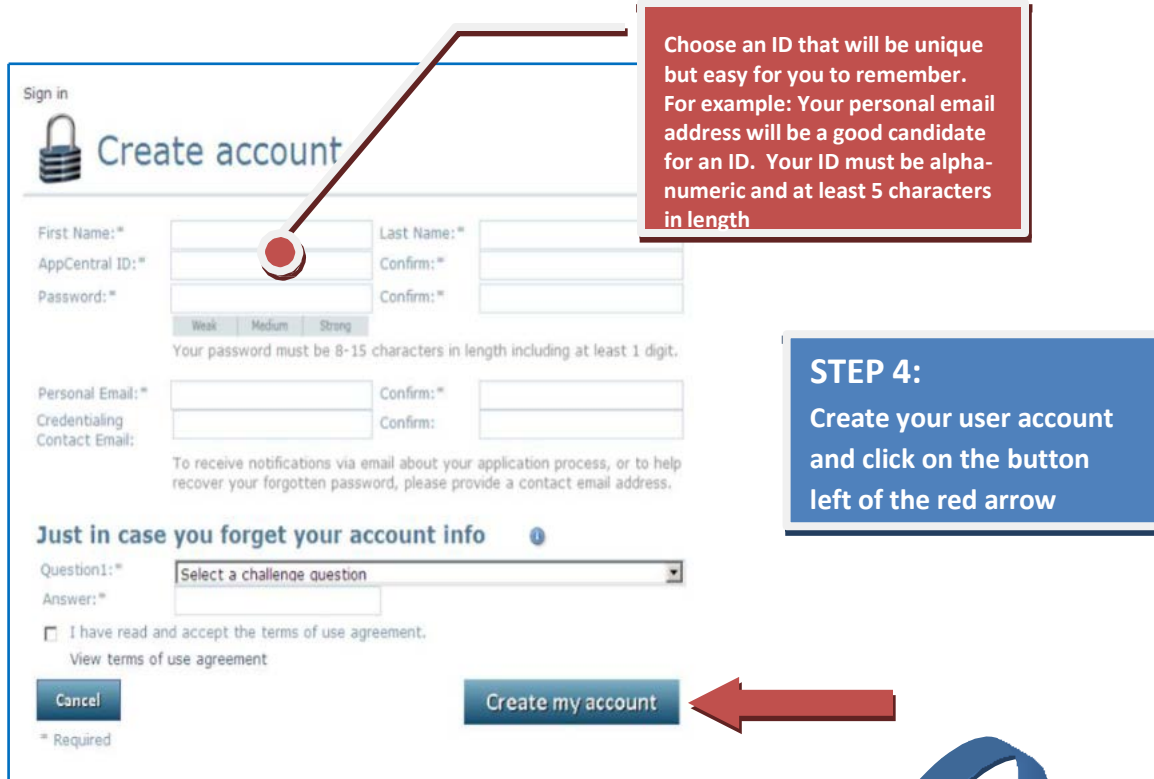
STEP 2 :
Click on Credentialed Login




The screenshot shows the AppCentral login page. It is divided into two sections: 'New to AppCentral?' and 'Returning to AppCentral?'. The 'New to AppCentral?' section contains the text 'If this is your first time you must create an account specific to AppCentral.' and a 'Sign Up' button. The 'Returning to AppCentral?' section contains input fields for 'AppCentral ID:' and 'Password:', and a 'Sign In' button. A red arrow points to the 'Sign Up' button.

STEP 3:
Create Users Account

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Sign in

 Create account

First Name:* Last Name:*
AppCentral ID:* Confirm:*
Password:* Confirm:*
Weak Medium Strong
Your password must be 8-15 characters in length including at least 1 digit.

Personal Email:* Confirm:*
Credentialing Contact Email: Confirm:
To receive notifications via email about your application process, or to help recover your forgotten password, please provide a contact email address.

Just in case you forget your account info ⓘ

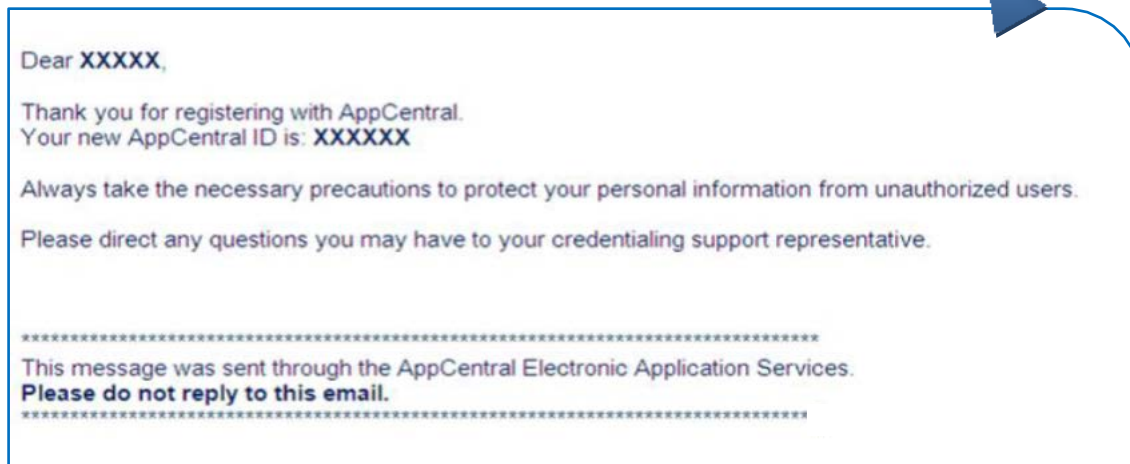
Question1:*
Answer:*

I have read and accept the terms of use agreement.
[View terms of use agreement](#)

* Required

Choose an ID that will be unique but easy for you to remember. For example: Your personal email address will be a good candidate for an ID. Your ID must be alphanumeric and at least 5 characters in length

STEP 4:
Create your user account and click on the button left of the red arrow




Dear XXXXX,

Thank you for registering with AppCentral.
Your new AppCentral ID is: XXXXXX

Always take the necessary precautions to protect your personal information from unauthorized users.
Please direct any questions you may have to your credentialing support representative.

This message was sent through the AppCentral Electronic Application Services.
Please do not reply to this email.

STEP 5:
A confirmation email is sent to the listed email address for the newly created account

 The successful creation of a new AppCentral account leads the applicant to their own account home screen which lists any and all processes he/she may currently be involved with.

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My Documents				
Name	Due Date	Action Required		Status
Pre Application				
BayCare PreApplication	N/A	Fill out & submit	N/A	New
Attestation As To Work Authorization	N/A	Print and fax	N/A	New

STEP 6:
Click the
Pre-
Application





Menu

Some information may be required

- Highlighted fields must be completed or corrected on page(s) - [1](#), [2](#)
- Missing attachments - Please attach or fax your current CV/Resume when submitting the pre-application questionnaire by using the attached tab at the top.

BayCare PreApplication

<p>Messages</p> <p>Reminder: Please attach or fax your current CV/Resume when submitting the pre-application questionnaire by using the "attached tab at the top".</p> <p>There are no pending attachment requests.</p>	<p>Actions</p> <p> Add Attachment from computer, via fax, or use past attachments</p> <p> Export to PDF Create a PDF to print, save & email, etc.</p> <p> Submit Document Send for review</p>
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Please note that when you are completing the pre-application, it requires that you attach your curriculum vitae to the document.



Credentialing Pre-Application Questionnaire

General Information

Please enter basic information about yourself.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	<small>Suffix</small>	<small>Title(s)</small>
<small>Birth Date:</small> <input type="text"/>		<small>Social Security #:</small> <input type="text"/>		
<small>Gender:</small>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	<small>NPI:</small> <input type="text"/>	
<small>Personal Email:</small> <input type="text"/>				

Primary Office Location Information

<small>Practice Name:</small> <input type="text"/>	
<small>Address Line 1:</small> <input type="text"/>	
<small>Address Line 2:</small> <input type="text"/>	
<small>City:</small> <input type="text"/>	<small>State:</small> <input type="text"/>
<small>Phone:</small> () - <input type="text"/>	<small>Zip:</small> <input type="text"/>
<small>Office Manager:</small> <input type="text"/>	<small>Office Manager Phone:</small> () - <input type="text"/>

Specialty Information

Primary Specialty:

Secondary Specialty:

BayCare Health System Facilities – if you are applying for Medical Staff Privileges select all that apply


- | | | |
|--|--|---|
| <input type="checkbox"/> Bardmoor Outpatient Center
<input type="checkbox"/> BayCare Behavioral Health
<input type="checkbox"/> BayCare Alliant Hospital
<input type="checkbox"/> BayCare Physician Partners
<input type="checkbox"/> Carillon Surgery Center
<input type="checkbox"/> Mease Countryside Hospital | <input type="checkbox"/> Mease Dunedin Hospital
<input type="checkbox"/> Morton Plant Hospital
<input type="checkbox"/> Morton Plant NorthBay Hospital
<input type="checkbox"/> South Florida Baptist Hospital
<input type="checkbox"/> St. Anthony's Hospital | <input type="checkbox"/> St. Anthony's Physicians Surgery Center LLC
<input type="checkbox"/> St. Joseph's Hospital North
<input type="checkbox"/> St. Joseph's Hospital South
<input type="checkbox"/> St. Joseph's Hospital-Main, Women's, Children's
<input type="checkbox"/> Trinity Surgery Center LLC |
|--|--|---|

Are you applying as a:

- Physician Allied Health Professional

For Allied Health Practitioner Applicants Only

- My practice will be office-based only. This status does not require for you to be credentialed, please contact the MSO for clarification.
- My practice will require me to exercise the clinical privileges granted to me in the inpatient setting and access the BEACON EMR.

 Please begin to complete the pre-application process. Use the green navigation arrows at the top and bottom to advance to the next or previous page.

