

APPLICATION CHECKLIST FOR INITIAL CREDENTIALING

*MUCA-This is your application with Wapiti Medical Group. We send it to our facilities as a part of your credentialing file. It is required by 90% of our facilities (including facilities in MN, WI, IA, and SD). Fill out the application out **completely** with all dates, addresses, phone numbers, etc. Please mail documents to the address listed below.*

*Wapiti Medical Group
6887 South Lake Avenue
PO Box 266
Lake Nebagamon, WI 54849*

The following forms must be received with original signatures

- _____ Minnesota Uniform Credential Application (MUCA)
- _____ Subcontractor Application
- _____ Direct Deposit Form
- _____ W-9
- _____ 855I signature page (print 3, sign all, date none)
- _____ 855R signature page (print 3, sign all, date none)

Enclose clear, readable, current copies of the following documents

- _____ Federal DEA
- _____ State Licenses (All)
- _____ State CSR Certificates
- _____ Curriculum Vitae
- _____ Driver's License
- _____ Medical Diploma
- _____ Board Certification
- _____ Residency Certificate
- _____ Internship Certificate
- _____ Life Support Certificates
- _____ 1-3 Reference Letters
- _____ TB/Mantoux Results
- _____ 2x3 Photo