



7100 Commerce Way  
Suite 285  
Brentwood, TN 37027  
(615) 782-7851  
(800) 316-2273  
TTY (800) 848-0298  
FAX (615) 782-7827

SOUTH CAROLINA  
WHP PRACTITIONER CHECKLIST  
Credentialing Application-Medicare*Extra*

- [ ] Signed and completed Application/Attestation Statement
- [ ] Signed and completed Provider Release of Information
- [ ] Signed and completed State Volunteer Authorization Release
- [ ] Copy of current Medical License(s)
- [ ] Copy of current Board Certification
- [ ] Copy of current DEA License or Certificate of Fitness
- [ ] Copy of Malpractice Insurance Certificate(s) **within past 5 years unless in a residency program**
- [ ] Explanation of Malpractice History (**for any case within past 5 years**)
- [ ] Signed and completed W-9 form
- [ ] Copy of current Curriculum Vitae or Work History

**Please make sure your packet contains all forms and are signed and dated before returning to WHP. Failure to do so will delay the credentialing of your information.**