



- Please complete the information below and return to credentialing@stcharleshealthcare.org.
- Attach a copy of your CV with includes dates (month/year)
- Once reviewed the credentialing team will send an online link to complete the online application form.
- Tips to complete the online application is attached.

Last Name:

First Name:

MI:

Degree (MD, DO, MSN, MPAS:

DOB:

NPI:

Cell:

Email:

Specialty:

Oregon Medical License No:

(Please enter pending if you currently do not have and OR Medical License)

Oregon DEA Number:

(If applicable)

CAQH Application: Only for SCMG Employed or Contracted

User Name:

Password:

Please select all of the St. Charles Locations in which you are applying for.

Bend

Prineville

SCMG Outpatient Only

Madras

Redmond

Status:

Locum Provider If yes, Agency Name

Independent Provider (non-employed)

St. Charles Employed Provider

Please provide the office address in which you will be providing patient care services:

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Office Manager:

Name:

Email Address:

Phone:

Credentialing Contact (If applicable)

Name:

Email Address:

Phone: