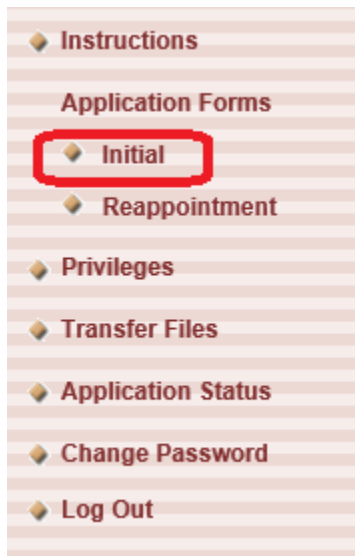


Initial Applicant

The Aurora/Select Specialty Application is for physicians, dentists, podiatrists, advanced practice nurses, physician assistants, physical therapists, speech therapists, occupational therapists, chiropractors, audiologists, optometrists, psychologists and behavioral health providers seeking appointment with Aurora facilities and/or network who anticipate being employed by Aurora.

Begin the process by clicking on the Initial link just under the Application Forms heading on the left side of the screen.



A list of forms will be there for your completion. Click on each form, thoroughly complete each form and click **Submit** when done. If you need to step away from the application and come back to it later, click on **Save and Close**. The application will save where you left off.



Next, if applying for hospital privileges, click on the **Privileges** link. One or more privilege forms will be available for your completion. Please **Submit** when done.

If you have a Mid-Market or South Market privilege form, please be sure to select all of the facilities that are presented to you before you request privileges.

Please be sure to evaluate any criteria requirements for your privilege requests. The criteria must be submitted as follows:

- Case Logs to the CVS using the directions below or scan to Aurora.Credentialing@aurora.org or fax to 414-389-5400.
- Life Support Certifications using the directions below or scan to Aurora.Credentialing@aurora.org or fax to 414-389-5400
- All other criteria see [Submissions Contacts Form](#)

- ◆ Instructions
- ◆ Application Forms
- ◆ Initial
- ◆ Reappointment
- ◆ Privileges
- ◆ **Transfer Files**
- ◆ Application Status
- ◆ Change Password
- ◆ Log Out

The final step is to transfer required documents. If you do not have electronic copies, you may fax the CVS Required Documents to 414-389-5400 with the exception of photos as they cannot not be faxed.

To start, click the **Transfer Files** link on the left.

The information and fields pictured below will display.







- Choose the appropriate **Type of file** based on the information on the grid on the next page.
- Click **Browse** to locate the appropriate file on your computer.
- Type any **Description** you have in the named field.
- Click **Transfer** to transfer the file.





Transfer Files Instructions: This feature provides the ability to transfer digital images such as your photograph, scanned copies of your license, insurance certificate, and other registration certificates. Follow these instructions to transfer a digital image file to the credentialing office.


1. Select type of file from the dropdown list below.
2. Click **Browse** button to locate the file that you want to transfer from your computer.
3. If necessary, you can further describe the file in the Description field.
4. Click **Transfer** to submit file to the Credentialing office.

Type of file:	<input type="text" value="Flu Shot"/>	▼
File to transfer:	<input type="text"/>	<input type="button" value="Browse..."/>
Description:	<input type="text"/>	
Click to transfer:	<input type="button" value="Transfer"/>	

Instructions: Unless Noted as Optional, all of the items listed below are required. The checkboxes are for your use as you complete each item. If an image of a fax machine is in the Transfer column, a document matching this description must be submitted.

	Transfer	Type of File	Item Needed
<input type="checkbox"/>		Case Log	CASE LOG: If you are applying for privileges at one or more Aurora Hospitals provide a case log of all of your clinical activity over the last 24 months, including training programs, hospital/outpatient surgery center affiliations, and office practices. The case log must contain a description of the procedure or diagnosis. (Optional if applying to Network only. Required for hospital appointment.)
<input type="checkbox"/>		ACLS ATLS BLS NALS NRP or PALS	LIFE SUPPORT CERTIFICATION: If you hold certification for ATLS, ACLS, BLS, NALS, NRP, or PALS, please submit a copy of your current certification. (Optional, but may be required if a part of criteria for selected privileges)
<input type="checkbox"/>			MALPRACTICE COVERAGE: If you will be an Aurora Employee, mark the “pending” box in the Insurance Section of the Application. If you are not an Aurora Employee, select “pending” or provide a copy of your face sheet that will cover your practice at Aurora.
<input type="checkbox"/>		DEA Number	DEA CERTIFICATE: If you are a prescribing practitioner, such as MD, DO, APN or PA, A current copy of your DEA certificate (<i>if applicable</i>). A copy of your certificate can be obtained at https://www.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp DEA CHANGE OF ADDRESS: If you are moving to Wisconsin or changing locations, go to http://www.deadiversion.usdoj.gov/drugreg/change_requests/index.html to update the address on your DEA. Notify the CVS at aurora.credentialing@aurora.org as soon as this change has been made. If you will be practicing in Wisconsin: A Wisconsin address is required on your DEA before you can begin practicing in Wisconsin. A Wisconsin license is required prior to requesting an address change.
<input type="checkbox"/>		Practitioner Photo	PHOTO: A head shot photo, minimum size of 2" x 2" taken within the past 2 years, showing current appearance and full face with a light background. It may be either color or black and white. This must be on photo quality paper, not a copy. OR you can email a digital photo to our department at aurora.credentialing@aurora.org before you return your application to us. The photo must be in .jpg format. This picture will be used for verification purposes and may also be used in the Find a Doctor website directory.
<input type="checkbox"/>		ECFMG Number MD/DO ONLY	ECFMG (Foreign Medical Graduates): A copy of your ECFMG certificate (<i>required for those who have graduated from Medical School outside of the US or Canada</i>).
<input type="checkbox"/>		Certification Advanced Practice Professionals ONLY	CERTIFICATIONS (Nurse Practitioners, CRNA's & Certified Nurse Midwives): Attach a copy of your current certification.

<input type="checkbox"/>		TB Test (if negative) + TB Skin Test (if positive) Independent ONLY	TB STATUS: Non-Aurora-Employed only <ul style="list-style-type: none"> • NEGATIVE: A copy of a Quantiferon blood test for TB or a TB Skin Test with results performed within 365 days of the date we receive the application. TB skin tests MUST contain the date administered, date read, result and signature of person reading the test. A chest x-ray will not be accepted in lieu of completing a Quantiferon or TB skin test. If you have a negative result, do not complete the TB questionnaire. • PAST POSITIVE TB TEST OR STATUS: <ul style="list-style-type: none"> • Complete the posted optional “Tuberculosis Screening Questionnaire” evaluation form. • Also provide a copy of a baseline CXR interpretation within past 365 days. • BCG Vaccination history/INH Treatment: A statement about previous BCG vaccination or INH treatment is NOT accepted without a Quantiferon test or TB skin test showing positive, and chest x-ray and the TB screening questionnaire.
<input type="checkbox"/>		Mumps Measles Rubella or MMR Independent ONLY	MUMPS/MEASLES/RUBELLA: Provide a copy of one of the following: <ul style="list-style-type: none"> • Documentation of two MMR vaccinations • Titers reporting positive results for Mumps, Measles and Rubella
<input type="checkbox"/>		Flu Shot Independent ONLY	FLU STATUS: Provide documentation that you have obtained an influenza vaccine or an approved exemption for the current influenza season (October 1 through March 31). Applicants who are in process after October 1 must provide this documentation even if all other materials have been submitted. Should your application be successful, documentation of an annual influenza vaccination or approved exemption is required. Beginning on or about September 1 of each year, the required forms and information about the exemption process is available at www.AuroraHealthCare.org/MedicalStaff .
<input type="checkbox"/>		Independent ONLY	HEPATITIS B: Review the attached Hepatitis B Vaccine Consent Form . Consider the options available to you. If you have previously had the Hepatitis B vaccine series, complete the section on the dates of vaccination. Sign, date and return the form.
<input type="checkbox"/>		Varicella Independent ONLY	VARICELLA – Provide one of the following as documentation of immunity to Varicella: <ul style="list-style-type: none"> • Two doses of the varicella vaccine. • A titer reporting positive for varicella. • Diagnosis or verification of a history of varicella or herpes zoster by a health care provider.
<input type="checkbox"/>			PERSONAL HISTORY: All time since the start of medical/professional school or ECFMG must be accounted for. There can be no unexplained gaps greater than 90 days.
<input type="checkbox"/>			SIGNATURE DATES: Signature dates need to be no older than 90 days before our receipt of the application.

<input type="checkbox"/>		<p>ALL Advanced Practice Professionals and MD/DO Independent ONLY</p>	<p>NATIONAL PRACTITIONER IDENTIFICATION NUMBER (NPI): SmartChart, Aurora's electronic medical record, requires this number and it is also required for billing purposes. If you do not have this number please obtain the number (which takes about 5 minutes to accomplish) by going to https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions. Then, enter the NPI number on the line provided under ID Numbers in this application.</p> <p>If You Are a New Graduate or Have Newly Completed a Post- Graduate Program: Please update the Taxonomy (specialty) on your NPI record. You will need the UserID and Password assigned when you (or your representative) originally applied for your NPI. This was or may have been done by someone in your Residency/Fellowship Program office. Once you have this information you may go online to update this information. Questions about this process can be directed to the NPPES line, 1-800-465-3203.</p>
<input type="checkbox"/>		<p>Arrest Report Judgment of Conviction</p>	<p>If You Know We Will Find Something When We Run Your Criminal Background Report: If you have committed an offense (whether there was a conviction or the matter is pending) that is classified under the Wisconsin Caregiver Law including without limitation, battery, reckless endangerment, invasion of privacy, disorderly conduct or harassment, you must report it and submit the following documentation:</p> <ul style="list-style-type: none"> • <u>Arrest Reports:</u> Include a copy of the arrest report and a written explanation of the event. • <u>Convictions:</u> In addition to a copy of the arrest report and a written explanation of the event, include a copy of the judgment of conviction. <p>We also expect that you will report any convictions or pending convictions (Including deferred prosecution agreements) for driving under the influence (DUI) and provide a copy of the arrest report and judgment of conviction, as applicable.</p>

Troubleshooting Problems

Provider Home Page(PHP) FAQ's for Practitioners:

1. **I have lost/need the link to the provider home page (PHP), now what?** You can copy and paste the link below into Google Chrome, Internet Explorer 8 or higher, or Safari 5.0 or higher, in order to access your PHP. This will work on a Windows or Mac device. (Not an iPhone or Android).

<https://msow.aurora.org/practitionerHomePage/>

2. **I have lost my password, where can I access it?** You can access your password by going to the provider home page (PHP) and clicking: [Forgot your password?](#) . See below:

LOGIN

Email Address:

Password:

[Forgot your password?](#)

You

will then be prompted to enter your email address. (See #3 if you forgot)

The system will generate a new temporary password that will be sent to your email:

LOGIN

***You will receive an email with your new temporary password.**

Email Address:

Password:

[Forgot your password?](#)

The email will be from: MSONetPasswordReset@MSOW.com. You can copy and paste your temporary password, log-in and have access to your PHP. You can keep your temporary password or reset it if you wish.

3. **What email address is my PHP linked to?** If you have forgotten or even want to change what email we have on file for you, please email aurora.credentialing@aurora.org or call 414-219-8660 to request that information.

4. I have completed my application/reappointment and it won't let me 'submit' it. Many times if the system will not let you submit it is one of two reasons:
- a.) The **Communication** field on the bottom of page 1 must be checked and your email entered, or it will not be accepted.

Communication Aurora will communicate a great deal of information to you electronically. Read the information below and check the box next to the instructions. Then, read the instructions for email addresses below.	
<input checked="" type="checkbox"/>	By clicking this box, I acknowledge that the majority of my communication with Aurora will be through email. I will check my email regularly. I will monitor the size of my email box to ensure that I can continue to receive information from Aurora. Aurora may choose to provide me with an Aurora-specific email address. If I am provided with an Aurora email address, I will check the account regularly and will ensure that I keep adequate space in the account to continue to receive additional email. In either case, I acknowledge that it is my responsibility to keep the Aurora Credentials Verification Service (Aurora.Credentialing@aurora.org) apprised of my current email address should it change.
Personal Email Information	
Preferred Email Address for Professional Correspondence We will use this address to communicate directly with you. Do not delegate the receipt of your email to another individual; provide email address that goes directly to you.	<input type="text" value="mcdreamy@yahoo.com"/>
Personal Email Address Please provide your personal email address.	<input type="text"/>

- b.) After you click 'submit' you will be asked to enter your DOB. It must be in the following format or it will not be accepted: **mm/dd/yyyy**
5. If you have further issues or concerns please email aurora.credentialing@aurora.org or call 414-219-8660.