Clinical Practice Organization

6550 Fannin Street ♦ Houston, Texas 77030 ♦ Ph: 713-791-9200

INITIAL APPLICATION CHECKLIST MEMBERSHIP

Please enclose the following when you return your membership documentation:

- ☐ Texas Department of Insurance Standardized Credentialing Application
  ◈**Signed (No signature stamp) & Dated *within last 30 days***
- ☐ CPO Addendum to the TSCA
- ☐ Curriculum Vitae
- ☐ W-9
- ☐ Supervising Physician Form (Allied Health Providers)
- ☐ Admitting Form (if pending or no hospital privileges)

◈ ***Current*** **Copies of:**
- ☐ Medical liability face sheet

◈ **Documentation in Response to Application Questions Including but Not Limited to**:
- ☐ Explanation of all gaps in work and or education training include month/year*.
- ☐ ALL Malpractice Suits Paid or Pending
- ☐ NPDB Report Explanations
- ☐ State Licensing Board Actions

If you have any questions about the application process, please call the CPO Offices at (713) 791-9200 or email info@HoustonCPO.com Thank you!