



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

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MEMORANDUM FOR ALLIED HEALTH PROVIDERS COMPLETING TRAINING

FROM: AFCCVO in care of Decypher
200 Concord Plaza Dr. Suite 780
San Antonio Texas 78216

SUBJECT: Credentialing Documentation Requirements

1. Congratulations on completing your training/education program! With your accomplishment comes the requirement to update your credentials and privileges. The **Air Force Centralized Credentials Verification Office (AFCCVO)** is responsible for initiating the credentialing process. It is very important that you adhere to the process and timeline outlined in this document to prevent delays at your new assignment.
2. Please submit the following documentation, according to the timeline below, to the AFCCVO at 200 Concord Plaza Dr. Suite 780 San Antonio Texas 78216. The required Air Force Forms and instructions referenced in this document can be found at <http://airforcemedicine.afms.mil/afccvo> (click on the link for Advanced Practice Nurse or Other Allied Health Professional and then your individual specialty).
3. The timeline and process for the submission of documentation is as follows.
 - a. **Immediately** upon receipt submit of this letter:
 - (1) If you are going to an active duty assignment or a military post-graduate training program, fax a copy of any available assignment information.
 - (2) If you are going on to a civilian post-graduate training program:
 - (a) Fax a copy of your civilian match/acceptance letter.
 - (b) Fax a copy of your Air Force approval deferment/Financial Assistance Program (FAP) letter.
 - b. **Within 30 days of receipt of this letter**, submit the following:
 - (1) A letter, on official letterhead and signed by your current program director/dean, stating the start date and projected completion date of your training (include the projected day, month, and year).

(2) **AF Form 1540, Application for Clinical Privileges/Medical Staff Appointment.**

(a) Submit the completed **original** form, and be sure to sign and date the appropriate blocks. Please insure that ALL dates on the form include the month, day and year.

(b) Each of the three individuals you identify in Section VII (References) must complete the required AF Form 1562 no earlier than 45 days prior to your completing the program, and then mail the form to the AFCCVO.

NOTE: One of the references must be your program director or dean; the other two should be preceptors or staff providers who are familiar with your clinical ability.

(c) Sections VIII (Practice History) and IX (Health Status) **must** be completed by either “Yes” or “No” answers. If a question does not apply to you, please answer “No”; an “N/A” response will not be accepted. For all “Yes” responses, please provide an explanation in the “Remarks” section on page 4.

(3) A copy of your **unrestricted** state license/certification/registration. If you do not currently have your state license/certification/registration but are in the process of seeking application, then please indicate which agency and/or state you will be seeking licensure/certification/registration from on the AF Form 1540.

NOTE: If you have multiple licenses/certifications/registrations (active or inactive), provide copies of all of them.

(4) A copy of your qualifying professional diploma (e.g., BS, MSW, DPM, BSN).

(5) A copy of certificates for all additional training, i.e., residency, fellowship training, and/or advanced degree, completed prior to your current training program (if applicable).

NOTE: If you have an existing Provider Credentials File (PCF), please contact the AFCCVO for additional coordination; we will determine what specific action is needed on the above items.

(6) National Provider Identifier (NPI). Submit a copy of the e-mail from the Centers for Medicare & Medicaid Services (CMS) indicating your NPI if you have not previously supplied it for inclusion in your credentials file. If you have not applied for an NPI please complete the application form at <https://nppes.cms.hhs.gov> and upon receipt forward the CMS e-mail as described above.

c. **Not earlier than 45 days prior to program completion, submit the following:**

(1) **Original AF Form 1562, Credentials Evaluation of Health Care Practitioners** (three completed evaluations). Each of the three references (listed on your AF Form 1540, Section VII) must complete one AF Form 1562. You will need to complete blocks 1–4 of the form prior to forwarding to them for completion.

- Provide your references with the AFCCVO address because they must mail the forms to the AFCCVO directly.

(2) **Original Clinical Privileges List, AF Form 28XX, 39XX, or 41XX**, as applicable to your specialty.

(a) Part I, "Verified" column and Part II are to be completed by your program director/dean.

(3) Copy of your Life Support certification card(s), to include: Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Neonatal Resuscitation Program (NRP), and/or Pediatric Advanced Life Support (PALS) certification card(s), if applicable.

4. You must **hand carry** a copy of your current training/education program completion certificate to your gaining base's credentials manager.

5. Please do not send the forms electronically; all requested documentation must be mailed directly to the AFCCVO with original signatures.

6. Compliance with these requirements ensures timely completion of the credentialing process and the awarding of clinical privileges upon arrival at your duty station. Should you have questions regarding this letter or any part of the credentials process, please feel free to contact the AFCCVO by one of the following means:

- a. Mail: 200 Concord Plaza Dr. Suite 780 San Antonio Texas 78216
- b. Telephone: (210) 826-0242
- c. Fax: (210) 829-4526
- d. E-mail: udg_afmoa_afccvo@us.af.mil

7. We wish you continued success in your final months of training and your new assignment within the Air Force Medical Service.

// Original Signed //
Silvia Franklin
Credentialing Supervisor
AFCCVO