



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE  
A UnitedHealthcare Company

## Provider Checklist for Credentialing and Recredentialing

Please note, to deem your application complete, **the following documentation must be included when the application is returned. *If the application is not completed in its entirety and does not contain all required documentation as outlined below, we will not be able to initiate the application process.***

### Required Documents:

- ☐ Completed NDOI or HDO application (NDOI NDOI-901 Rev. 02-25 or HDO NDOI-901B Rev.02-2025) required – *all applicable questions and sections must be answered completely?*
- ☐ Completed Malpractice Worksheet – *document must be signed even if there are no claims*
- ☐ Current CV– *this should include the current group of the applicant provider and the month/year of work history/training*
- ☐ Current state license for the state in which you are applying to practice
- ☐ Current NV DEA license
- ☐ Current CS (controlled substances) Pharmacy license – *please note a “PR” (prescribing) license is not acceptable*
- ☐ Current malpractice liability insurance – *provider’s name must be included on the form to also include expiry dates and minimum of \$1M/\$3M limits of liability*
- ☐ Credentialing Agent form
- ☐ Competency form – *as applicable, signed by provider **and** preceptor*
- ☐ Health Status form – *as applicable*
- ☐ Admit Plan – *as applicable*

**Please note, the following items, when applicable, must also accompany your application at the time of submission:**

- ☐ Explanation of **ALL** yes answers on the Practitioner Questionnaire
- ☐ Court documents as applicable for all settled cases/judgments
- ☐ Minimum 5 years work history
- ☐ Signatures on all pages as required and dated within the last **60 days**

We look forward to working with you and having you as a provider within our network.

If you have any questions regarding the information above, please contact our Credentialing department via email at [NVSierraCred@Sierrahealth.com](mailto:NVSierraCred@Sierrahealth.com).

**Effective Aug 2025**