

(Department Name)

Website IDs and Passwords

NPI - National Provider Identifier

What is your NPI number? _____ *(Write "None" if you don't have one.)*

If you have one, the **(Department Name)** would like to have access to your NPPES Registry so it can be updated as needed for credentialing purposes only.

If you agree, please sign and date the this authorization to provide access to the Department for this purpose.

_____ MD, DO, APN, PA
First Name Middle Initial Last Name Title- Circle One

_____ Signature _____ Date

My NPPES User ID, Password, Secret Question and Answer are:

User ID: _____

Password: _____

Secret Question: _____?

Answer: _____

CAQH Universal Provider Datasource

Are you currently registered with CAQH *(Circle One)* Yes No

If you are, the **(Department Name)** would like to have access to your CAQH Registry so it can be updated as needed for credentialing purposes only.

If you agree, please sign and date the this authorization to provide access to the Department for this purpose.

_____ MD, DO, APN, PA
First Name Middle Initial Last Name Title- Circle One

_____ Signature _____ Date

My CAQH User ID and Password are:

User ID: _____

Password: _____