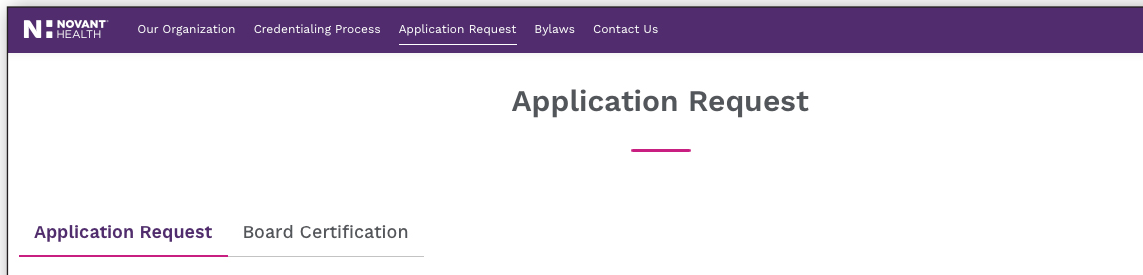
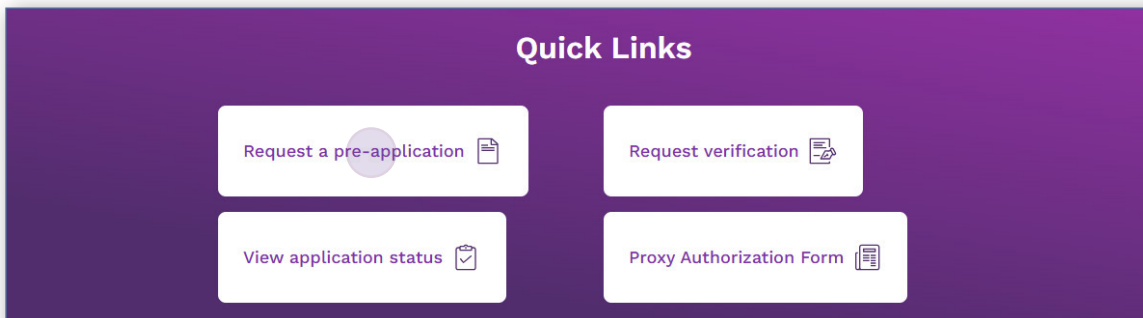


How to complete the credentialing pre-application request for not-on-staff providers

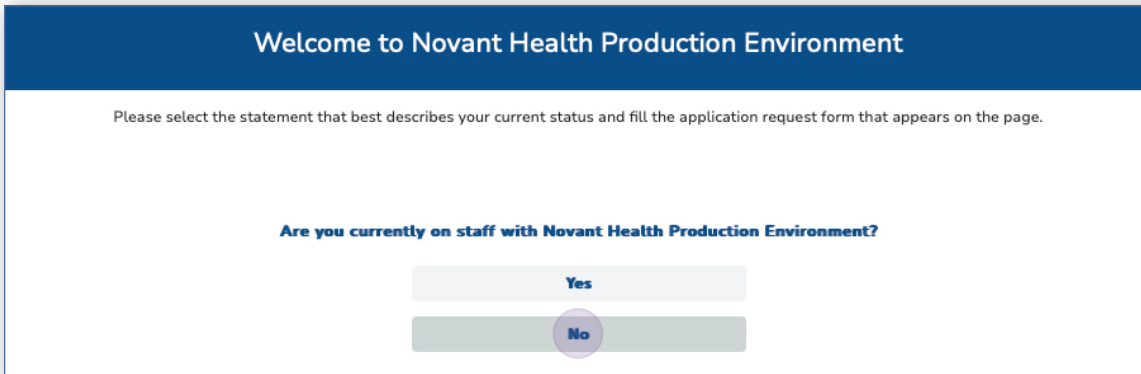
1. Navigate to the “Application Request” site (nhcredentialing.org/application-request) and scroll down the page.



2. Click on the “Request a pre-application” button in the “Quick Links” section.



3. You will be directed to this page. Click “No.”



4. Select your facility or facilities from the menu and click the “Continue” button below.

The screenshot shows the 'Search Facilities' page. The top navigation bar indicates '0 of 8 Sections Completed: 0%' and the current path is '/ Application Request / Search Facilities'. The left sidebar has a 'Profile' section with 'Facility' selected. The main content area has a search bar and a list of facilities under the heading 'Facility'. The facilities listed are: Novant Health Brunswick Medical Center, Novant Health Thomasville Medical Center, Novant Health Ballantyne Medical Center (highlighted with a purple circle), Novant Health Brunswick Endoscopy Center, Novant Health Clemmons Outpatient Surgery, Novant Health Clemmons Medical Center, Novant Health Medical Park Hospital, Novant Health Huntersville Medical Center, SouthPark Surgery Center, and Novant Health Kernersville Outpatient Surgery. At the bottom, there are pagination controls showing '1 - 10 of 20 items'.

5. Enter your demographic information. Any field with an asterisk (*) is a required field and must be completed. The more details you provide in the pre-application, the easier it will be to complete the full application. Everything you enter here will be automatically entered into the full application.

The screenshot shows the 'Demographics' page. The top navigation bar indicates '1 of 8 Sections Completed: 13%' and the current path is '/ Application Request / Demographics'. The left sidebar has a 'Profile' section with 'Demographics' selected. The main content area has a 'Personal Information' section. The fields are: First Name (John), Middle Name, Last Name (Smith), Suffix, Sal. (Mr.), Gender (Male), Title (Doctor of Medicine (MD)), Birth Date (08/11/1985), Birth State (Florida), Birth City (Miami), Birth Country, Address Line 1 (3456 Riverbend Way), Address Line 2, Zip (32104), City (Bowling Green), State (Kentucky), Country (United States of America), Email (testemail@gmail.com), Mobile ((615) 234 6789), and Preferred method of Contact (Cell phone). The 'First Name' field is highlighted with a purple circle.

6. Be sure to click on the drop-down arrows to reveal additional sections. Please enter your “Identification Numbers.”

A “Provider Photo” is required. Use a professional headshot with a plain background and good lighting. Photo files must be uploaded as a JPEG/JPG or PDF. Click “Continue” to proceed.

The screenshot shows the 'Demographics' section of the application request form. The left sidebar indicates '1 of 8 Sections Completed: 13%'. The main content area includes a 'Select Citizenship' button, an 'Other Names' table with columns for Type, First, Middle, Last, Suffix, Salutation, Begin, and End, and a 'Select Other Names' button. Below this is the 'Identification Numbers' section, which contains input fields for NPI, Social Security No. (000-12-3456), Driver's License No. (3971234567), and Driver's License Exp Date (01/12/2028). A 'State of Issue' dropdown menu is set to 'Kentucky'. There is an 'Upload Images' section with a circular placeholder for a 'Provider Photo'. A 'Continue' button is at the bottom right.

7. Click “Add New Licensure/Certification.”

The screenshot shows the 'Licensure/Certification' section of the application request form. The left sidebar indicates '4 of 8 Sections Completed: 50%'. The main content area features a '+ Add New Licensure/Certification' button. Below this is a 'Help' section with instructions for listing all Licensure and Certification, including State License, DEA, Board Certifications, and various Certifications. It also provides guidance on providing ECFMG certification and adding pending licensure or certification. A 'Collapse' link is at the bottom left of the help section. A 'Continue' button is at the bottom right.

8. Select your “Type” of license from the drop-down menu. Then click on the search button next to the “*Institution” field.

Application Request / Licensure/Certification / New Licensure/Certification

[Collapse All](#)

^ Details

* Type: State License

* Institution: [Search Icon]

^ License Information

9. Enter the institution name and click “Search.”

5 of 8 Sections Completed: 63%

Application Request / Licensure/Certification / New Licensure/Certification

Profile

- Facility
- Demographics
- Licensure/Certification
- Specialties
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

- Review Information

Search Institution

Kentucky

Address

City State Zip

Search

Institution	Address	City	State	Zip
-------------	---------	------	-------	-----

0 results found.

[Click here if you can't find your institution.](#)

Cancel

10. Click on the correct institution name.

5 of 8 Sections Completed: 63%

Application Request / Licensure/Certification / New Licensure/Certification

Profile

- Facility
- Demographics
- Licensure/Certification
- Specialties
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

- Review Information

Search Institution

Institution	Address	City	State	Zip
Kentucky Board of Licensure & Certification for Dietitians & Nutritionists	500 Metro St	Frankfort	KY	40601
Kentucky Board of Licensure for Occupational Therapy	500 Metro St	Frankfort	KY	40601
Kentucky Board of Massage Therapy	500 Mero St	Frankfort	KY	40601
Kentucky Board of Medical Imaging & Radiation Therapy	125 Holmes St	Frankfort	KY	40601-8303
Kentucky Board of Medical Licensure	310 Whittington Pkwy	Louisville	KY	40222
Kentucky Board of Nursing	312 Whittington Pkwy	Louisville	KY	40222-5172
Kentucky Board of Optometric Examiners	301 E Main St Ste 850	Lexington	KY	40507
Kentucky Board of Pharmacy	125 Holmes St	Frankfort	KY	40601-8303
Kentucky Board of Physical Therapy	312 Whittington Pkwy	Louisville	KY	40222
Kentucky Board of Physicians Assistants	310 Whittington Pkwy	Louisville	KY	40222-4916

11. Enter your “License Number,” “State of Issue,” “Issue Date” and “Expiration Date.” Then “Upload” your attachment. Only upload documents as a JPEG/JPG or PDF. Click “Save and Return to List.”

5 of 8 Sections Completed: 63%

Application Request / Licensure/Certification / New Licensure/Certification

Profile

- Facility
- Demographics
- Licensure/Certification**
- Specialties
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

Review Information

Details

* Type: State License * Institution: Kentucky Board of Medical Lic

License Information

License Number	State of Issue	Issue Date	Expiration Date
		12/18/2025	12/18/2025

Attachment

Upload your file here. We accept .JPEG, .JPG, .TIF, .TIFF, .PDF, and .DOCX files.

No file attached

☒ Optimize Images (Optional)

12. Continue to “Add New Licensure/Certifications” for your other records. Click “Continue.”

5 of 8 Sections Completed: 63%

Application Request / Licensure/Certification

Profile

- Facility
- Demographics
- Licensure/Certification**
- Specialties
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

Review Information

+ Add New Licensure/Certification

Help

Licensure
Please list all Licensure and Certification in this area, including but not limited to, State License, DEA, Board Certifications, and various Certifications.

Certifications
To provide ECFMG certification, please use the record type of Certification and select the institution. If unable to locate the institution, use "Institution Not Present".

Pending Licensure or Certification
For any license or certification still pending, please add the license type, choose the institution, and upload a copy of the correspondence as proof of application.
(Please only upload documents as a .JPEG, .JPG and .PDF)

State License

North Carolina Board of Dentistry	
Licensure/Certification	Edit Record Delete Record

13. Click on “+ Add New Specialty” to add your specialty. Note: At least one specialty is required.

5 of 8 Sections Completed: 63%

Application Request / Specialties

Profile

- Facility
- Demographics
- Licensure/Certification
- Specialties**
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

Review Information

+ Add New Specialty

Help
Please list any areas in which you specialize, indicating your primary specialty.

Issues
You must provide at least 1 more record(s).

14. Enter the “Specialty” type, “Primary Status” and whether you are “Currently Practicing.” Then click “Save and Return to List.”

The screenshot shows the 'Add New Specialty' form. The left sidebar indicates '5 of 8 Sections Completed: 63%' and lists sections: Profile (Facility, Demographics, Licensure/Certification, **Specialties**, Privileges), Supplements (Authorization Consent - Updated, Pre-Application Not on Staff), and Review and Submit (Review Information). The main content area has a 'Collapse All' link and a 'Details' section. The 'Details' section contains three dropdown menus: '* Specialty' (set to 'Dentistry'), '* Primary Specialty' (set to 'No'), and '* Currently Practicing' (set to 'Yes'). At the bottom, there is a 'Cancel' button and a green 'Save and Return to List' button.

15. Click “Continue.”

The screenshot shows the 'Privileges' form. The left sidebar indicates '6 of 8 Sections Completed: 75%' and lists sections: Profile (Facility, Demographics, Licensure/Certification, Specialties, **Privileges**), Supplements (Authorization Consent - Updated, Pre-Application Not on Staff), and Review and Submit (Review Information). The main content area has a heading 'Please list any areas in which you specialize, indicating your primary specialty.' Below this is a table with one row: 'Emergency Medicine' with a 'Specialty' label and 'Edit Record' and 'Delete Record' buttons. At the bottom right, there is a green 'Continue →' button.

16. Select from the drop-down menu to answer: “Are you requesting privileges?” Then click “Continue.”

6 of 8 Sections Completed: 75%

Application Request / Privileges

Profile

Facility

Demographics

Licensure/Certification

Specialties

Privileges

Supplements

Authorization Consent - Updated

Pre-Application Not on Staff

Review and Submit

Review Information

* Are you requesting privileges?

Yes

Continue →

17. Review all of the “Application Request/Supplements” details. Click in the date field to enter today’s date. Then select the “I agree” option. Click “Continue.”

7 of 8 Sections

Application Request / Supplements

Profile

Facility

Demographics

Licensure/Certification

Specialties

Privileges

Supplements

Authorization Consent - Updated

Pre-Application Not on Staff

Review and Submit

Review Information

stability, physical condition, ethics, behavior, or any other matter bearing on my qualifications for appointment to the medical staff. This authorization includes the right to inspect or obtain any and all documents, recommendations, reports, statements or disclosures relating to such questions. I also expressly authorize said third parties to release this information to the hospital and its authorized representatives upon request.

(2) The term hospital and its authorized representatives means the hospital corporation and any of the following individuals who have any responsibility for obtaining or evaluating my credentials or acting upon my application or conduct in the hospital:

(a) members of the hospital's Board of Trustees and their appointed representatives;

(b) the President of the Hospital or his/her designees;

(c) all appointees to the medical staff;

(d) other hospital employees;

(e) consultants to the hospital; and

(f) the hospital's attorney and his/her partners, associates or designees.

(3) The term third parties means all individuals from whom information has been requested by the hospital or its authorized representatives or who have requested such information from the hospital and its authorized representatives, including the following:

(a) appointees to the hospital's medical staff;

(b) appointees to the medical staffs of other hospitals or health care facilities;

(c) other physicians; nurses; or other health care practitioners;

(d) government agencies; and

(e) organizations, associations, partnerships and corporations, whether hospitals, health care facilities, managed care providers or not.

Affirmation:

I represent that information provided in or attached to this appointment application is accurate and complete to the best of my knowledge. I fully understand and agree that as a condition to making this application, any misrepresentations or misstatement in, or omission from it, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application, resulting in denial of appointment and clinical privileges. In the event that appointment or privileges have been granted prior to the discovery of such misrepresentations, misstatement or omission, such discovery may result in immediate termination of such appointment or privileges.

I acknowledge that any and all information obtained during the processing of this application or available from within Novant Health may be shared among all Novant Health and its affiliated entities and authorized representatives. I hereby authorize the release of credentialing and business information by Novant Health to the managed care organizations with which it contracts for purposes of credentialing and participation in their health plans.

12/19/2025

*

I agree

Continue →

18. Select from the drop-down choices to answer the question: “Have you ever applied for privileges at a Novant Health facility in the past?”

Choose your “employment status” from the drop-down list. Enter your anticipated “start date.”

Select the correct response from the drop-down menu for the “type of practice you will have.”

7 of 8 Sections / Application Request / Supplements

Profile

- Facility
- Demographics
- Licensure/Certification
- Specialties
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

Review Information

Supplement

Have you ever applied for privileges to a Novant Health facility in the past?

No

For this application request, what will your employment status be?

Employed by Novant Health

What is your anticipated start date?

12/19/2018

What type of practice will you have?

Both Inpatient and Outpatient

Continue ->

19. Provide the name and address of the practice(s) where you will see patients.
- Select your response to “Will you be providing care and treatment to the LGBTQ community?”
- Select your response to “Have you ever been excluded from Medicare, Medicaid, OIG or GSA?”

7 of 8 Sections / Application Request / Supplements

Profile

- Facility
- Demographics
- Licensure/Certification
- Specialties
- Privileges

Supplements

- Authorization Consent - Updated
- Pre-Application Not on Staff

Review and Submit

Review Information

Please provide the name and address of the practice(s) you will be seeing patients at.

John Smith

Will you be providing care and treatment to the LGBTQ community?

Have you ever been excluded from Medicare, Medicaid, OIG or GSA?

No

Continue ->

20. Use the drop-down menu to select an option for “Are you currently enrolled and participating with NC Medicaid?”

Provide any additional details in the free text area.

Click “Upload” to add your “CV/Resume.” Documents must be a JPEG/JPG or PDF.

21. Enter details in the free text field for you “Admin Leader/Recruiter.”

22. Select the correct option to answer to the question: “Has the application been completed by a proxy on the clinician’s behalf?” Note: If the answer is “yes,” the proxy needs to complete the “Proxy Authorization Form” on the Application Request website: <https://forms.office.com/pages/responsepage>.

Then click “Continue.”

23. Click “Continue” at the bottom of the page.

The screenshot shows a web application interface. At the top, a blue header bar contains a progress indicator '7 of 8 Sections', a home icon, and the breadcrumb '/ Application Request / Review Information'. On the left, a sidebar lists sections: 'Profile' (with sub-items: Facility, Demographics, Licensure/Certification, Specialties, Privileges), 'Supplements' (with sub-items: Authorization Consent - Updated, Pre-Application Not on Staff), and 'Review and Submit' (with sub-item: Review Information). The main content area is titled 'No Issues Found'. At the bottom right, there is a green 'Continue →' button.

24. Click “Yes, Submit” in the white box to submit your application request.

The screenshot shows a confirmation dialog box titled 'Submit Application?'. It includes a 'Logo' placeholder and the text: 'Are you sure you want to submit? You will not be able to modify any details once this has been submitted.' Below the text are two buttons: 'No, Return to Application Request' and 'Yes, Submit'.

25. Once you’ve successfully submitted your pre-application request, you’ll see this “Application Submitted” confirmation.

The screenshot shows a confirmation page with a blue header bar containing the title 'Application Submitted'. Below the header, the text reads: 'Thank you for submitting your request for an application to Novant Health Production Environment.'