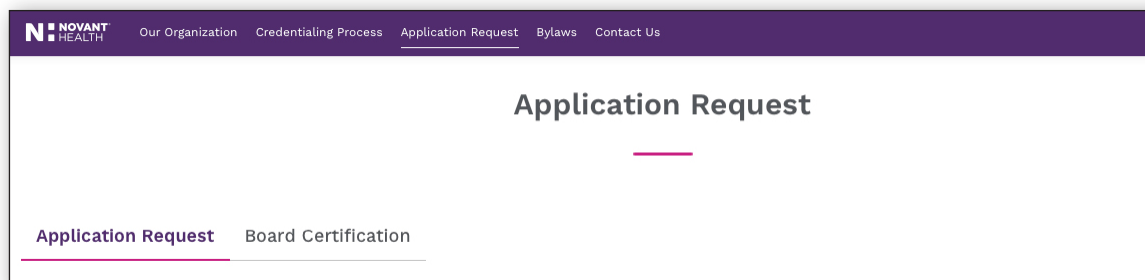
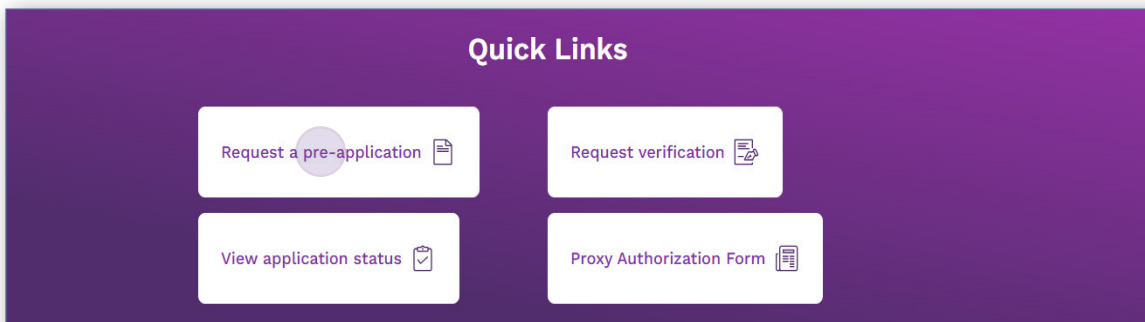


How to complete the credentialing pre-application request for on-staff providers

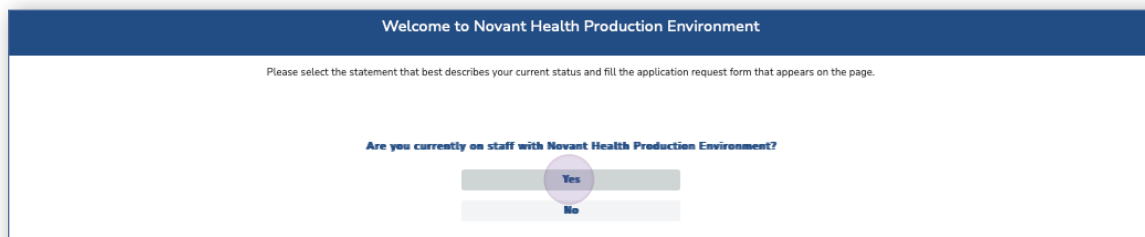
1. Navigate to nhcredentialing.org/application-request/ and scroll down the page.



2. Under “Quick Links,” choose “Request a pre-application.”



3. On the next page, click “Yes” to confirm that you are currently on staff. Then you will be directed to the provider hub.



4. Type your email username and password. Click “Login” if you already have a password and know it. If you don’t know your password, click on the “Forgot Password?” link.

VerityStream

Sign in to the Hub

Enter the User ID that has been provided to you.

Email or Username

Password

[Forgot Password?](#)

Login

[Don't have a login? Use First Time Login](#)

[View our Terms and Conditions](#)

Search for verifications and privileges in
Verification View or Privilege View

For initial login: Enter your full email address which is on file with the CMSO. Click "First Time Login" which will generate an email to you. Login to your email account and retrieve the link which was sent to your email address. Click on the link in the email message and establish your password.

5. If you don’t have a login, enter your full email address, which is on file with the CMSO, and click “First Time Login,” which will generate an email to you. Click on the link in the email message to establish your password. The link will expire after 48 hours.

VerityStream

Sign in to the Hub

Enter the User ID that has been provided to you.

Email or Username

Password

[Forgot Password?](#)

Login

[Don't have a login? Use First Time Login](#)

[View our Terms and Conditions](#)

Search for verifications and privileges in
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For initial login: Enter your full email address which is on file with the CMSO. Click "First Time Login" which will generate an email to you. Login to your email account and retrieve the link which was sent to your email address. Click on the link in the email message and establish your password.

6. Check the appropriate facility or facilities. Click the arrow to navigate to page 2 if your facility is not shown.

0 of 4 Sections

Profile

Facility

Supplements

Authorization Consent - Pre App On-Staff

Pre-Application On-Staff

Review and Submit

Review Information

Search...

Facility

☐

Novant Health Brunswick Medical Center

☐

Novant Health Thomasville Medical Center

☐

Novant Health Ballantyne Medical Center

☐

Novant Health Brunswick Endoscopy Center☐☐☐☐☐☐

12>>

1 - 10 of 20 items

7. Click “Continue.”

0 of 4 Sections

Profile

Facility

Supplements

Authorization Consent - Pre App On-Staff

Pre-Application On-Staff

Review and Submit

Review Information

Search...

Facility

☐

Novant Health Brunswick Medical Center

☐

Novant Health Thomasville Medical Center

☐

Novant Health Ballantyne Medical Center

☐

Novant Health Brunswick Endoscopy Center☐☐☐☐☒☐

12>>

1 - 10 of 20 items

Continue →

8. Review the full Authorization Consent supplement. Click on the date field and enter today's date.

1 of 4 Sections

Profile

Facility

Supplements

Authorization Consent - Pre App On-Staff

Pre-Application On-Staff

Review and Submit

Review Information

Application Request / Supplements

(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.

11/19/2025

This field is required

Continue →

9. Select the “I agree” option.

1 of 4 Sections

Profile

Facility

Supplements

Authorization Consent - Pre App On-Staff

Pre-Application On-Staff

Review and Submit

Review Information

Application Request / Supplements

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.

11/26/2025

I agree

Continue →

10. Click “Continue.”

1 of 4 Sections / Application Request / Supplements

Profile

- Facility

Supplements

- Authorization Consent - Pre App On-Staff
- Pre-Application On-Staff
- Review and Submit

Review Information

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.

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11/26/2025

I agree

Continue →

11. Please complete the Pre-Application On-Staff supplement by answering the following questions. Then click Continue.

VerityStream My Applications My Documents My Status My Tasks My Reviews Messages My Learning

3 of 4 Sections Completed: 75% / Application Request / Supplements

Profile

- Facility

Supplements

- Authorization Consent - Pre App On-Staff
- Pre-Application On-Staff
- Review and Submit

Review Information

Help

Please be sure today's date shows on the Authorization Consent.

[Collapse All](#)

Supplement

Please provide any additional information that will help the Credentialing & Medical Staff Operations team process your request.

Please provide the name, email, and phone number of your Admin Leader / Recruiter.

Has this application been completed by a proxy on the clinician's behalf? If yes, please navigate to www.nhcredentialing.org to complete the Proxy Authorization Form.

Continue →

12. Click “Submit” in lower right corner.

The screenshot shows a web application interface. At the top, a blue header bar contains a home icon and the text "/ Application Request / Review Information". Below the header, a sidebar on the left lists sections: "3 of 4 Sections", "Profile" (with a green checkmark), "Supplements" (with green checkmarks for "Authorization Consent - Pre App On-Staff" and "Pre-Application On-Staff"), and "Review and Submit" (with "Review Information" highlighted). The main content area is white and displays "No Issues Found". In the bottom right corner, there is a green button labeled "Submit →".

13. Click “Yes, Submit.”

The screenshot shows the same web application interface as before, but with a confirmation dialog box centered on the screen. The dialog box has a title "Submit Application?" and a logo. It contains 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". The background of the main content area is dimmed.

14. Once your pre-application request has been submitted, you will see this “Application Submitted” confirmation pop-up. Once your pre-application has been reviewed by our Credentialing Team, you will receive an email communication with next steps.

The screenshot shows a confirmation message box. It has a blue header bar with the text "Application Submitted". Below the header, the text reads: "Thank you for submitting your request for an application to Global Provider Application Request."