STATE OF ILLINOIS

Health Care Professional Update Data Gathering Form

The Health Care Professional Credentials Data Collection Act [410 ILCS 517] requires that this form be collected from health care professionals by hospitals, health care entities, and health care plans which desire to credential such professional. Each hospital, health care entity, and health care plan may also require completion of supplemental forms.

INSTRUCTIONS

This form is for updating credentialing only. Other forms are required for credentialing and for recredentialing.

The data marked as "Confidential Information" shall be maintained in confidence to the extent required by law. They may be used by the health care plan, entity or hospital and by their agents for credentialing and internal business purposes. Other data contained in this form may be released.

AFFIRMATION OF INFORMATION

I represent and warrant that all of the information provided and the responses given are correct and complete to the best of my knowledge and belief. I understand that falsification or omission of information may be grounds for rejection or termination, in addition to any penalties provided by law. I further agree to promptly inform all entities to which this form was sent and not rejected of any change required to be updated by the Health Care Professional Credentialing and Business Data Gathering Update Form.

I understand that this application does not entitle me to participation in any hospital, health care entity, or health plan.

Applicant's Signature	Type or Print Name	Date

** ***PLEASE BE ADVISED THAT EACH HOSPITAL, HEALTH CARE ENTITY,*** **
** ***AND HEALTH CARE PLAN MAY ALSO REQUIRE COMPLETION OF AN*** **
** ***ATTESTATION AND RELEASE OF INFORMATION FORM.*** **

Applicant Name:

NOTIFICATION OF CHANGES

Name: _____
Last First MI Degree

Date Completed: _____
(mm/dd/yy)

Date of Birth: _____
(mm/dd/yy)

Illinois Professional License Number: _____

Social Security Number: _____

The following sections of the Health Care Professional Recredentialing and Business Data Gathering Form contain updated information and are attached (as appropriate).

ATTACHMENTS:

- ☐ Section A. General Information
- ☐ Section B. Professional Information
- ☐ Section C. Hospital Membership – Current and Pending
- ☐ Section D. Ambulatory Surgical Treatment Center Practice
- ☐ Section E. Work History
- ☐ Section F. Medical Education / Clinical Training Update
- ☐ Section G. Professional History: Confidential
- ☐ Section H. Primary Site Information
- ☐ Section I. Additional Site Information

The updated sections are attached and the particular items updated in those sections are highlighted.