

Supporting Wellness and Recovery

Credentialing Request Form
(Licensed/Associate/Certified/Registered (RADT) Level Only)

CCP Providers Only:

Agency Name:

Agency Program Name:

Mental Health SUTS

Agency NPI:

Agency Tax ID:

County Providers Only:

County Program Name:

Mental Health SUTS

County Program Group NPI:

Provider Information:

Last Name:

First Name:

Middle Initial:

E-mail:

NPI#:

Start Date:

CAQH ID#:

License/Certification Type:

License expiration date:

Please submit a complete application in CAQH for review. If the application is incomplete it will delay processing. When your application is complete please authorize VHP to access the application by entering: "Valley Health Plan Santa Clara 697"

For technical support with your CAQH account please contact the CAQH helpdesk:
Phone: (888)599 1771 Help Desk Hours: Monday – Friday: 8 AM – 6 PM (EST)

Please submit the Credentialing Request Form to BHSDCredentialing@vhp.sccgov.org.