



## CREDENTIALING REQUEST FORM

(Licensed/Associate/Certified/Registered (RADT) Level Only)

### CCP PROVIDERS ONLY:

Agency 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#:  | 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](mailto:BHSDCredentialing@vhp.sccgov.org)