COUNTY OF SANTA CLARA
Behavioral Health Services

VHP Valley Health Plan

CREDENTIALING REQUEST FORM

(Licensed/Associate/Certified/Graduate/Registered)

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:
(For license information: If none available, leave blank)

For ACSW/AMFT/APCC Eligible Graduates Pending Associates

Complete this request form along with the following documents:

a. Proof of Registration Application submitted to BBS
b. Copy of "Request for Live Scan Service" form
c. Transcript

Submit all documents to BHSDCredentialing@vhp.sccgov.org

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