

Please avoid using the browser back button.

Sign in



## Contact us

### Contact Information

Name UNMHS-CVO  
Title Credentials Verification Organization  
Hours 8-5

### On the web

Email HSC-UNMHS\_CVO@salud.unm.edu  
Website <http://clinicalaffairs.unm.edu/unmhscvo/index.html>

### By mail

1 University of New Mexico  
MSC08 4620  
Albuquerque, NM 87131

### By phone

Primary (505) 272-2526

### By fax

(505) 272-6055



## The University of New Mexico Hospitals (Corporate)

### New to AppCentral?

If this is your first time you must create an account specific to AppCentral.

Sign Up

### Returning to AppCentral?

AppCentral ID:

Password:

Sign In

Having trouble accessing your account? [Click here.](#)



You must create an AppCentral account if this is your first experience with AppCentral. You only need a single AppCentral account which may be used for any AppCentral process once it has been created.

First Name:\*  Last Name:\*   
AppCentral ID:\*  Confirm:\*   
Password:\*  Confirm:\*

Weak Medium Strong

Your password must Be between 10-15 characters in length Have one or more digits Have one or more letters Have one or more of the following characters: ,./?;'":'[]{}|\!@#\$\$%^&\*()-=\_+

Personal Email:\*   
Credentialing Contact Email:

To receive notifications via email about your application process, or to help recover your forgotten password, please provide a contact email address.

**Just in case you forget your account info** ⓘ

Question 1:\*   
Answer:\*

I have read and accept the terms of use agreement.  
[View terms of use agreement](#)

**Cancel**

**Create my account**

\* Required

Enter all of the required information into the fields provided. An entry is required for each field which is marked with an asterisk (\*). The email address and AppCentral ID entered into this account creation screen are the identifiers AppCentral will use to identify you.

The password used for this account must be between 10 and 15 characters long and have at least one numerical character, one alphabetical character and one special character.

As part of the account creation process, you must designate a challenge question with an answer to be used as a security measure if you ever need to have your forgotten password recovered and your AppCentral access restored.

Hello, Test Test (ttest)


[My Messages](#)
[Account](#)
[Contact](#)
[Help](#)
[Privacy](#)
[Sign out](#)

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**Select Facility**

Select a facility that your account is currently associated with. Doing so will display the list of ongoing activities associated with the selected facility.

**My Documents** [Show completed processes](#)

Name	Due Date	Action Required		Status
<b>Reappointment Application</b> <a href="#">Contact</a> <a href="#">Help</a>				
The University of New Mexico Hospitals (Corporate)				
UNM Credentialing Application	N/A	Fill out & submit	0	Opened
UNMH				
Anesthesiology (UNMH)	N/A	Fill out & submit	0	New

Clicking on any document listing will open that document. If this is the first time any document in the process has been opened, you will be required to satisfy any applicable provider verification conditions before continuing.

Condition	Definition
<b>Due Date</b>	This is the date by which the completed document should be submitted.
<b>Action Required</b>	This is the action/actions required. There are three kinds of documents based on the actions required: <b>Fill out &amp; submit</b> documents must be completed and submitted electronically, <b>Print and fax</b> documents must be printed out as hardcopies to be completed manually and then faxed into the MSO, and read-only documents are documents which you only need to be open and read.
<b>Paperclip Icon</b> 	This indicates the number of attachments currently attached to the document.
<b>Status</b>	This is the current status of the document.

# Credentialing Application Process.



Action Required: Fill out & submit

Menu

Please review the entire application for accuracy and completeness. The following fields must be populated to submit the application.  
- Fields highlighted in red must be completed or corrected. - 1, 5, 6, 7, 9, 10, 11, 13, 15

Fax or Attach Image Submit

Page 1

- Credentialing Address
- ECFMG License
- Home Addresses
- Primary Credentialing Contact

Page 2

- ACLS
- ATLS
- Hospital Affiliations
- Languages
- PALS

Page 3

- Hospital Affiliations
- Practice History

Page 4

- Alternate Addresses
- Billing Address
- Clinic Address

Page 5

- CSR Registration

Name:

Last                      First                      Middle                      Maiden or Other Names Used

List all that apply and for which you are currently licensed: (Examples: MD DO DDS DC DPM OD PA CNM CNP CRNA RN PT OT ST DOrienMed Acup Clin Psych Psych Assoc LMHC LPAT LADAC LISW LMSW LPC LPCC LMFT CNS/Psych CNS/Medical Spch Path)

Title:  Specialty:

A red banner above the document tells you which document pages contain fields which must be filled for the document to be submitted to the staffing office and which attachments you must make to the document if any.

Gender:  F  M Citizenship:   
Place of Birth: Albuquerque, NM United States  
Social Security Number: 333-33-3333 Date of Birth: 01/01/1980  
State Tax ID#:   Pending Federal Tax ID#: - -  Pending  
Medicare #:   Pending Medicaid #:   Pending  
Unique Physician Identification Number (UPIN):   Pending  
National Provider Identifier Number (NPI): 1740210442  Applied  
CLIA Number (if applicable):  Approval Level:  Expiration Date:

**Home Address:**

Street Address:   
City, State/Province and Zip Code:  Select Item  -  
Telephone Number: ( ) -  Pager Number: ( ) -   
Cell Phone Number: ( ) -  Spouse's Name (Optional):

**Credentials Correspondence Address:**

Department/Name:   
Street Address:   
City, State/Province and Zip Code:  Select Item  -  
Email Address:   
Telephone Number: ( ) -  Facsimile Number: ( ) -

**Military Service:**

Branch: Select Item...  Dates: From:  To:   
Rank:  Type of Discharge:

**Immigration:**

Immigration Status:  Immigration Certification Number:

**ECFMG (Educational Commission for Foreign Medical Graduates) Number** (if applicable):

Date Issued:  (Please attach a copy of your ECFMG certificate.)



**Submit Document**

Disabled until all required information has been provided (highlighted in red).

Fields which require input are outlined in red while they are empty. Once these fields have been filled in; move to another page to save, and the red outline will be removed from the field.

# Credentialing Application Process.



Action Required: Fill out & submit

- Page 1
  - Credentialing Address
  - ECFMG License
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- Page 4
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  - Billing Address
  - Clinic Address
- Page 5
  - CSR Registration
  - DEA Registration
  - Licensure
  - NM Licensure
  - Peer References
- Page 6
  - Education
- Page 7
  - Boards
  - Liability Insurance
- Page 8
  - Attestation Questions
- Page 9
  - Attestation Questions
- Page 10
  - CME
- Page 11
  - Clinical Competence Address
- Page 12
  - Medicare Statement
- Page 13
  - Attestation
- Page 14
  - Attestation

Fax or Attach Image Submit

Menu

Name: Test Test E. Maiden or Other Names Used

List all that apply and for which you are currently licensed: (Examples: MD DO DDS DC DPM OD PA CNM CNP CRNA RN PT OT ST D/OrienMed Acup Clin Psych Psych Assoc LMHC LPAT LADAC LISW LMSW LPC LPCC LMFT CNS/Psych CNS/Medical Spch Path)

Title: MD Specialty:

Gender:  F  M Citizenship: us Place of Birth: Albuquerque, NM United States

Social Security Number: 333-33-3333 Date of Birth:

State Tax ID#: Pending Federal Tax ID#: Pending

Medicare #: Pending Medicaid #: Pending

Unique Physician Identification Number (UPIN): Pending

National Provider Identifier Number (NPI): 1740210442 Applied

CLIA Number (if applicable): Approval Level: Expiration Date:

**Home Address:**

Street Address:

City, State/Province and Zip Code: Select Item -

Telephone Number: ( ) - Pager Number: ( ) -

Cell Phone Number: ( ) - Spouse's Name (Optional):

**Credentials Correspondence Address:**

Department/Name: anesthesiology

Street Address:

City, State/Province and Zip Code: Select Item -

Email Address: a@a.com

Telephone Number: (505) 555-5555 Facsimile Number: ( ) -

**Military Service:**

Branch: Select Item... Dates: From: To:

Rank: Type of Discharge:

**Immigration:**

Immigration Status: Immigration Certification Number:

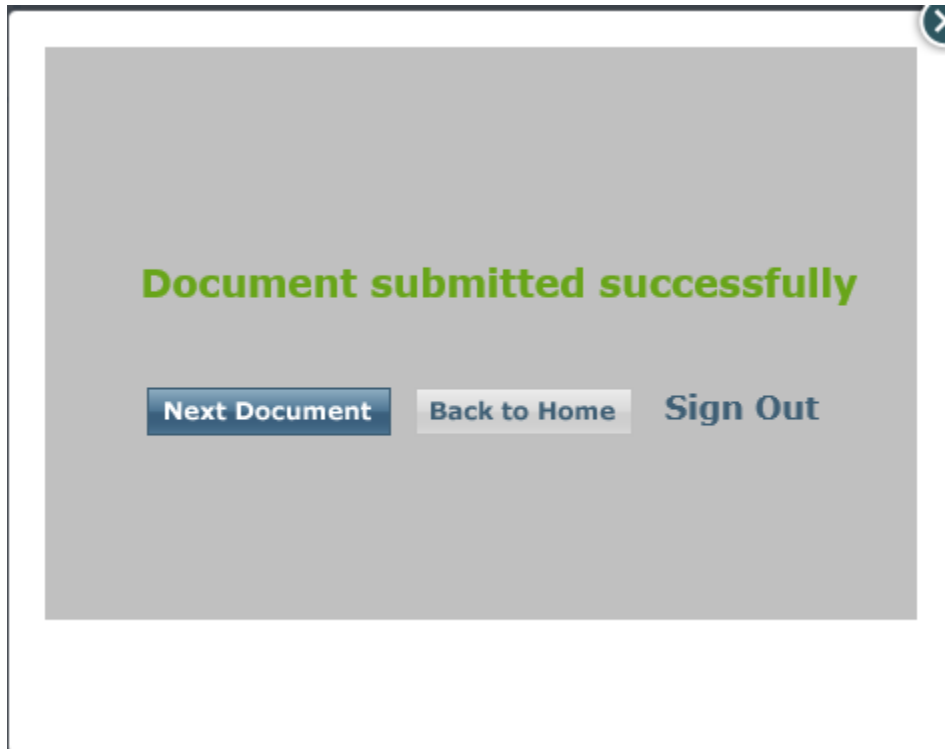
**ECFMG (Educational Commission for Foreign Medical Graduates) Number (if applicable):**

Date Issued: (Please attach a copy of your ECFMG certificate.)

Revised September 2015 2

Submit Document

Once required fields have been completed, the Submit Document button turns green. When the document has been successfully submitted, a message appears stating so. You may either move on to the next document to be completed, return to the Home screen, or sign out of AppCentral completely via the options provided



If there are multiple documents to be submitted, you will receive a pop-up window (above), you can choose to continue on to the next document, go back home or sign out. **Please note: All documents that are attached must be completed and submitted before the application is considered complete for review.**

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AppCentral ID:

Password:

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[Having trouble accessing your account? Click here.](#)

Please avoid using the browser back button.



## Restore access to my account

### Why can't you sign into AppCentral?

Please select one of the following options:

- I forgot my password.
- I forgot my AppCentral ID.
- I forgot my AppCentral ID and password and no longer have access to the email associated with my AppCentral account.

Back

Continue



Please avoid using the browser back button.



## Restore access to my account

### Forgot your password? Let's create a new one.

1. First, let us locate your account.

If we are able locate your account we will send you an email containing a temporary password which you will then use to access the system and create your new password.

2. Enter the name on the account.

First Name:\*

Last Name:\*

3. Enter the AppCentral ID you used to create your account.

AppCentral ID:\*

If you used your email address as your account ID when you created your account you may enter it as your AppCentral ID.

If you don't remember your AppCentral ID, click the Back button to return to the previous page and choose the second option.

If you no longer have access to your email address, click the Back button to return to the previous page and choose the last option.

\*Required

Back

Continue