



**CREDENTIALING APPLICATION PROCESS**  
**PHOTO ID FORM**

As part of the credentialing application process at the University of New Mexico Health System, it is required to verify that the practitioner requesting approval is the same individual identified in the credentialing documents.

Please review a valid and current picture ID, issued by a state or federal agency (a Driver’s license or US passport), then complete below.

\_\_\_\_\_

**Practitioner’s Name (print):** \_\_\_\_\_

**Practitioner’s Department/Clinic:** \_\_\_\_\_

**Instructions for person verifying (must be an employee):**

At the time the applicant presents in person or through real-time virtual verification, this verification process **must** be completed. Please make a copy of the driver's license or passport (with the photo page) that you are viewing, and attach it to this form.

In person verification

Real-time virtual verification

Signature of person verifying: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Department/Clinic: \_\_\_\_\_

**A COPY OF THIS COMPLETED FORM, WITH ATTACHED ID, SHOULD BE FORWARDED TO  
CREDENTIALING VERIFICATION OFFICE  
EMAIL: HSC-UNMHS CVO@salud.unm.edu  
FAX: 505 272-6055**