



THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER

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Provider Credentialing
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MEDICAL STAFF/ASSOCIATE CLINICAL STAFF APPLICATION PROCESS
VERIFICATION OF PHOTO ID FORM

As part of the credentialing application process at the University of New Mexico Health Science Center, it is a requirement for verification to take place that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing any of the following:

- A current picture hospital ID card
- A valid picture ID issued by a state or federal agency (eg, driver's license or passport)

At the time the applicant presents in person, this verification process **MUST** take place. Therefore, please make a copy of one of the above documents, attach the copy to this document, and fill out the form below attesting that you have completed this verification.

Practitioner's Name (print): _____

Practitioner's Department: _____

Valid Picture ID Copied/Attached

Person Verifying (UNM HSC/Hospital Employee):

Signature: _____ **Date:** _____

Name (print): _____ **Title:** _____

Department: _____

**A COPY OF THIS COMPLETED FORM, WITH ATTACHED ID, SHOULD BE FORWARDED
TO CREDENTIALING**