



**Quality Anesthesia**  
ASSOCIATES LLC

*5 Fifth Avenue  
Suite #1  
Bay Shore, NY 11706  
(631)446-1190 Fax (631)787-6538  
Email- l.rodiguez@qualityanesthesiany.com*

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**Dear Applicant:**

**We would like to thank you for your interest in our company. Please forward the following requested documentation along with this form to begin the credentialing process. Please write clearly**

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CRNA NAME \_\_\_\_\_

Business Name \_\_\_\_\_

Referred by \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

SS# \_\_\_\_\_ Medicare# \_\_\_\_\_

Tax ID # \_\_\_\_\_

CAQH# \_\_\_\_\_ CAQH username \_\_\_\_\_ CAQH password \_\_\_\_\_

NPI # \_\_\_\_\_ NPI username \_\_\_\_\_ NPI password \_\_\_\_\_

Part Time  Full Time

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**Do you have Malpractice Insurance?  Yes  No**

**How many days per week are you looking to work?**

\_\_\_\_\_



- 1) Current Curriculum Vitae (**Month/Year format**)
  - 2) Signed copy of New York State Registered Professional Nurse Registration Certificate
  - 3) Copy of Registered Nurse degree
  - 4) Bachelor of Science degree
  - 5) Nurse Anesthetist Master of Science degree
  - 6) Nurse Anesthetist Certification Certificate
  - 7) Certificate of Infection Control and Barrier Precautions Course Work
  - 8) Copy of current BLS, ACLS, & PALS Certificate, as applicable
  - 9) Color copy of 2 valid picture ID's (drivers license and US passport)
  - 10) Current Certificate of Malpractice Insurance
  - 11) Confirmation of NPI Number
  - 12) Current Recertification Card
  - 13) AANA card
  - 14) Current Copy of CME's (Continuing Medical Education credits)
  - 15) Current Health Assessment (signed by Physician)
  - 16) PPD (Chest X-Ray if positive)
  - 17) Titers(must have lab values)
  - 18) Influenza vaccine
  - 19) Copy of Social Security Card
- All forms should be emailed to [l.rodriguez@qualityanesthesiany.com](mailto:l.rodriguez@qualityanesthesiany.com)**

