



THE **CONSORTIUM** INC.
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

DEAR POTENTIAL NETWORK PROVIDER:

The Consortium, Inc. is a Provider Service Organization (PSO) which provides services for the system of Consortium mental health centers across Kansas. One of these services is credentialing and recredentialing of all network providers. Attached is an application for potential participation in The Consortium, Inc.'s provider network. All information included in the application will be held in confidence and used by The Consortium, Inc. for credentialing purposes only.

The application must be legible and completed in its entirety or it will be returned to you. Professional practice cannot begin until you have been approved by the Professional Standards/Credentialing Committee. Please return the completed application and all documentation to your employer within four (4) days following the offer and your acceptance of employment.

If there are areas that do not apply to you, please write N/A in that area. The month, day, and year should be included for all dates.

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- Current, Unrestricted License/Registration/Certification
- Board Certification (MD/DO, if applicable)
- Specialty Certification (Behavioral Health Professional/Substance Abuse Counselor, if applicable)
- Professional Liability Insurance Policy Certificate (if individual policy)
- Current, Unrestricted DEA (if applicable)
- Curriculum Vitae or Resume

If you have any questions about completing the application, or if I can be of assistance to you at any time, please contact me by phone at **(785) 291-9109** or by e-mail at rwells@ksmhc.org. Thank you for your interest in becoming a network provider.

Sincerely,

Royce Wells, LPN, CHCQM, CPCS
Manager of Credentialing