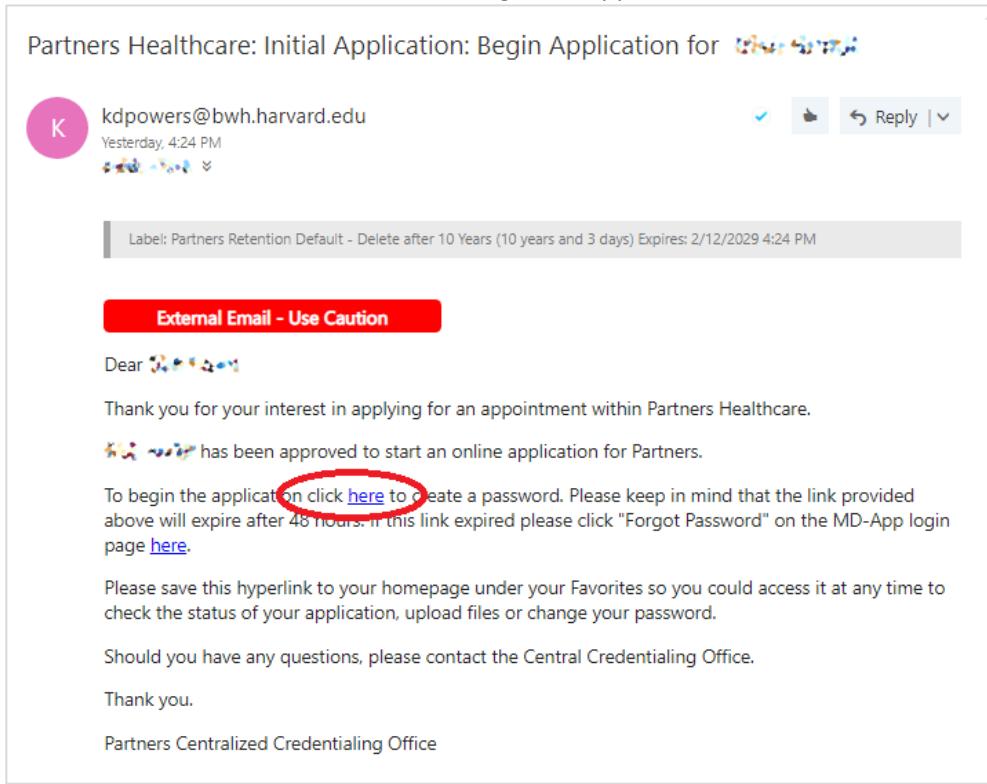


Completing a Partners Credentialing Application with MD-App

Setting up your account password

1. Click the link in the email invitation (to begin the application).



Partners Healthcare: Initial Application: Begin Application for [redacted]

K kdpowers@bwh.harvard.edu Yesterday, 4:24 PM

Label: Partners Retention Default - Delete after 10 Years (10 years and 3 days) Expires: 2/12/2029 4:24 PM

External Email - Use Caution

Dear [redacted]

Thank you for your interest in applying for an appointment within Partners Healthcare.

[redacted] has been approved to start an online application for Partners.

To begin the application click [here](#) to create a password. Please keep in mind that the link provided above will expire after 48 hours. If this link expired please click "Forgot Password" on the MD-App login page [here](#).

Please save this hyperlink to your homepage under your Favorites so you could access it at any time to check the status of your application, upload files or change your password.

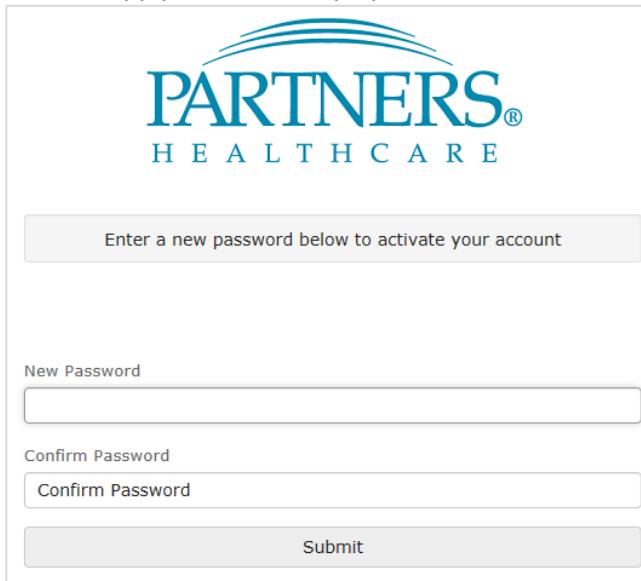
Should you have any questions, please contact the Central Credentialing Office.

Thank you.

Partners Centralized Credentialing Office

If the default password has expired, follow the email instructions to receive another message on how to reset the password.

2. The MD-App password setup opens in a browser.



PARTNERS®
HEALTH CARE

Enter a new password below to activate your account

New Password

Confirm Password

Submit



Passwords must include at least 8 characters, with at least one (1) upper case letter, at least one (1) lower case letter, and at least one (1) number or symbol.

Type a password, and then type the same password to confirm.

3. Click the **Submit** button.



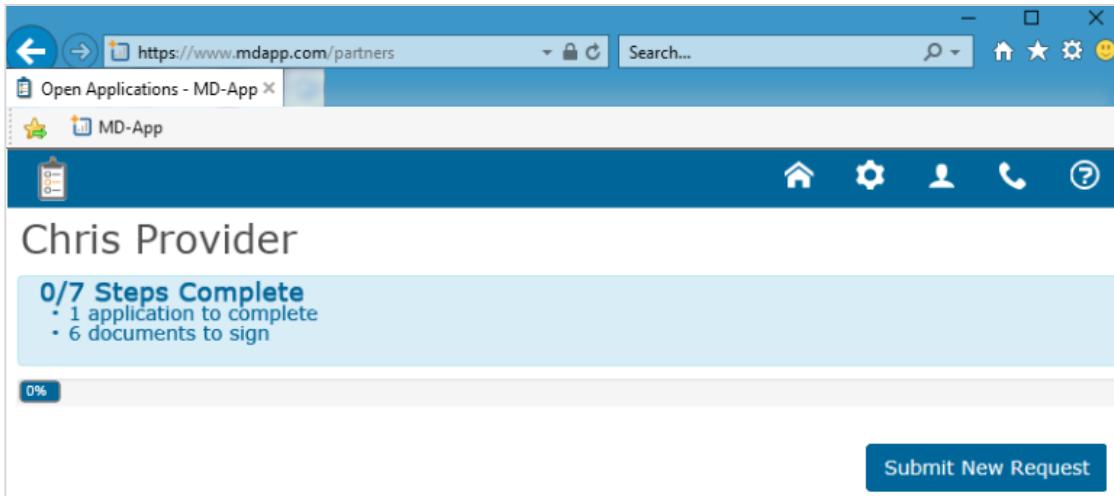
Save <https://www.mdapp.com/partners> to your browser Favorites for easy access.

Completing a Partners Credentialing Application with MD-App

Submitting a new request

The first time you log in to MD-App, you'll be prompted to submit a new request. To do so:

1. Click the **Submit New Request** button.



2. At the sites and specialty selection prompt, click to select your specialty from the Requested Specialty drop-down list.
3. Click to check one or more facilities to which you're applying. The example on the right includes Brigham Health and Partners Urgent Care sites; your application may be different.
4. Click the **Submit Request** button.

MD-App opens to the home page.

A modal dialog box titled 'Submit new Request'. It contains a sub-header 'Please select the specialty you wish to apply to.' and a dropdown menu labeled 'Requested Specialty'. Below this is a list of 'Facilities' with checkboxes next to them. The list includes: Brigham and Women's Faulkner Hospital, Brigham and Women's Faulkner Hospital - Clinical Staff, Brigham and Women's Faulkner Hospital - Clinical Trainees, Brigham and Women's Faulkner Hospital (Historical), Brigham and Women's Hospital, Brigham and Women's Hospital - Clinical Staff, Brigham and Women's Hospital - Clinical Trainees, Brigham and Women's Hospital - Research, Brigham and Women's Hospital (Historical), Brigham and Women's Physicians Organization, Brigham and Women's Physicians Organization, Partners Urgent Care, and PUC. A blue 'Submit Request' button is at the bottom right.

Application Documents

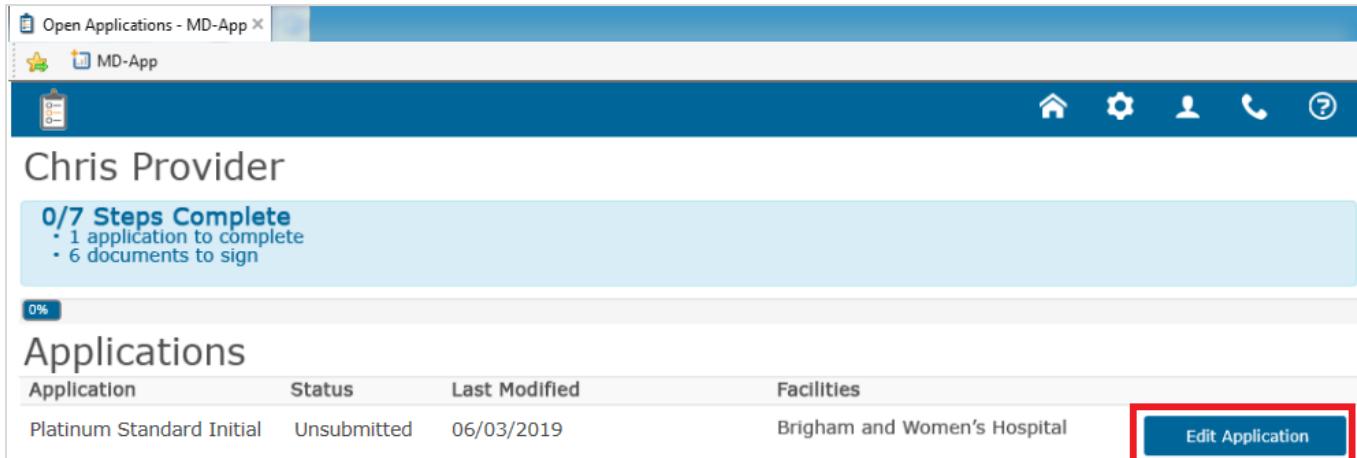
The MD App home page provides access to all the documentation you need. This includes:

- ◆ Application form (one per facility) for online submission, which includes: relevant personal and professional information; privileges requested; upload section for attaching electronic copies of all required documents (licenses, certificates, etc.); attestation questions; electronic signature
- ◆ Documents for electronic signature and online submission: Partners Release, Health Attestation, IMA Authorization and Release, HireRight, CME/CEU Attestation Statement, Medicare Attestation; possibly others based on site
- ◆ Required documents to print, sign, notarize, and deliver on paper: Partners Healthcare Notarized Proof of Citizenship/Identification Form and MA State CORI form; if offered, CRICO form to print, sign, and mail in
- ◆ Informational documents to download: general and facility-specific

Completing a Partners Credentialing Application with MD-App

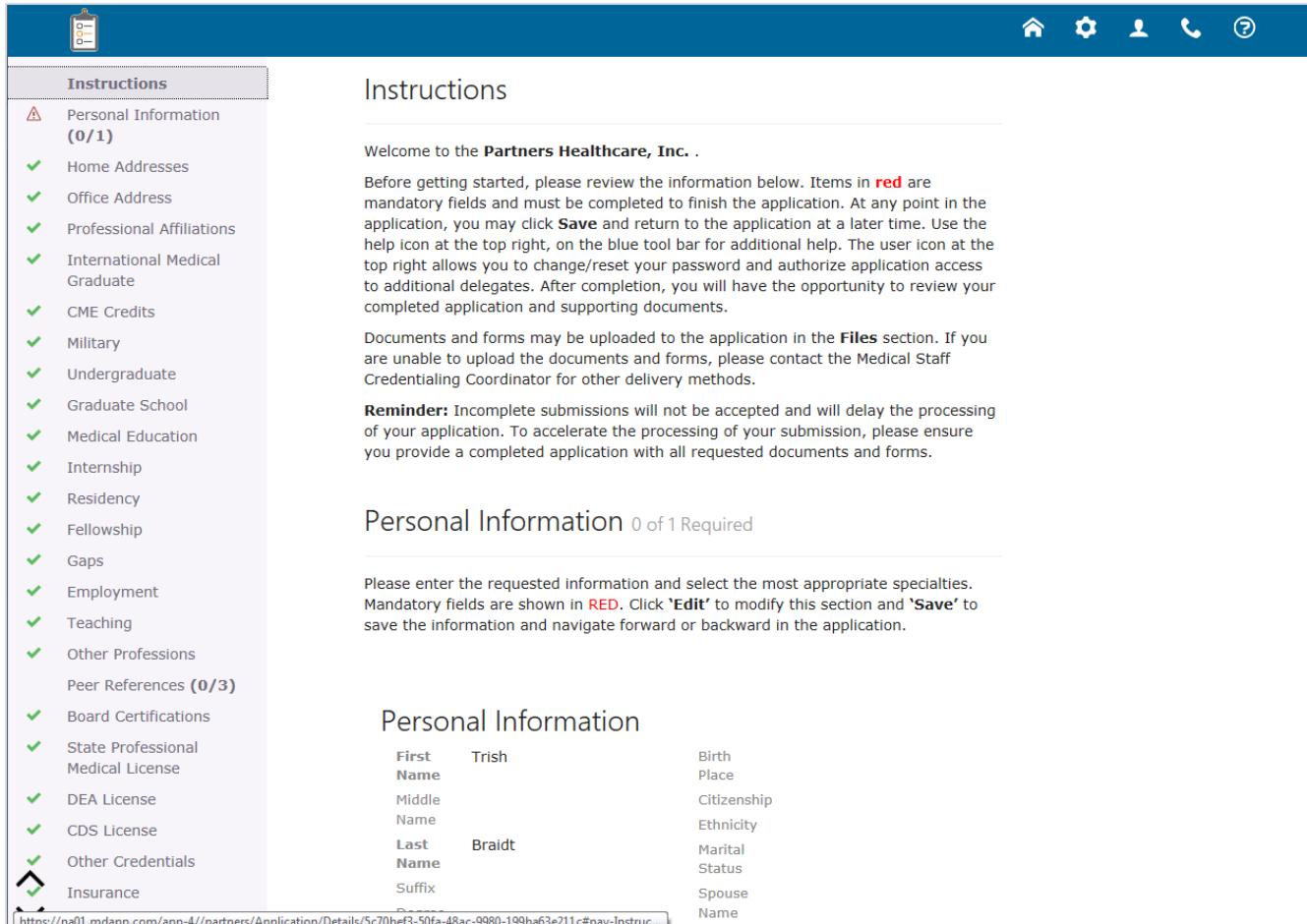
Opening your application form

1. If you haven't already, log on to <https://www.mdapp.com/partners>; if needed, click  to display the application home page.
2. Click the **Edit Application** button.



The screenshot shows the MD-App application interface. At the top, there's a header with a 'Home' button, a 'MD-App' button, and several icons for settings, user profile, and help. Below the header, the title 'Chris Provider' is displayed. A progress bar indicates '0/7 Steps Complete' with '1 application to complete' and '6 documents to sign'. The main section is titled 'Applications' and lists one application: 'Platinum Standard Initial' (Status: Unsubmitted, Last Modified: 06/03/2019, Facilities: Brigham and Women's Hospital). The 'Edit Application' button is highlighted with a red box.

The application is presented in a single long form, divided into sections:



The screenshot shows the MD-App application interface. On the left, there's a sidebar titled 'Instructions' with a list of sections: Personal Information (0/1), Home Addresses, Office Address, Professional Affiliations, International Medical Graduate, CME Credits, Military, Undergraduate, Graduate School, Medical Education, Internship, Residency, Fellowship, Gaps, Employment, Teaching, Other Professions, and Peer References (0/3). The 'Personal Information' section is currently active, showing fields for First Name (Trish), Middle Name, Last Name (Braadt), Suffix, Birth Place, Citizenship, Ethnicity, Marital Status, and Spouse Name. The 'Edit Application' button is highlighted with a red box.

- Each section is listed in the index, the gray column on the left.
- Clicking an item on the index displays the related section on the application. You can also scroll to view additional sections.



At the start, all sections that require at least one (1) entry include a counter at the end of the index label. For example, Personal Information requires one (1) entry; Peer References requires three (3).

Completing a Partners Credentialing Application with MD-App



To prevent delays in your application, it is critical that you read the instructions for each and every section, and provide information for all that are applicable to your request for privileges.



Adding entries on your application form

To create an entry for a section, click the **Add New** button. Add as many entries as needed to complete a section.

Medical Education

Please list all Medical Schools you have attended. **Please include "Start Date" and "End Date".** Mandatory fields are in **RED**. If degree is pending, please indicate in 'Status' field, select 'None' in 'Degree Awarded' field, and enter anticipated graduation date in 'End Date.'

Additional Education may be added by clicking the 'Add New' button. Click 'Save' when finished. You can make as many entries as you would like by clicking 'Add New'.

Add New

Medical Education Contact Details					
Search					
Name					
Address					
Address 2					
City					
State	<input type="button" value="▼"/>				
Postal Code					
Country					
Provider Details					
Start Date	mm/dd/yyyy	Degree Awarded	<input type="button" value="▼"/>		
End Date	mm/dd/yyyy	Subject			
Status					
<input type="button" value="✖ Save"/> <input type="button" value="✖ Cancel"/>					

Example: New Medical Education entry



- When a section has an entry that's missing required information, it's flagged with in the index.
- For each entry, fields labeled in **red text** are required.
- Fields with invalid data—for example, a date that doesn't follow mm/dd/yyyy formatting—are also labeled in **red text**.
- The **Save** button and the entry outline are **red** when there are required fields that are incomplete, or data that are not valid.
- The **Save** button and the entry outline are **green** when all required entries are complete, and all entries are valid.

Residency	Start Date	MM/DD/YYYY
Fellowship		

Example: Residency entry incomplete flags

Completing a Partners Credentialing Application with MD-App

Completing entries for your application

1. To update information in an existing entry, hold the mouse pointer over the entry, and then click the **Edit** button in the bottom right of the outlined area.
2. To remove an entry, hold the mouse pointer over the entry, and then click the **Delete** button in the bottom right of the outlined area.

Residency

Please list all internship programs. Please provide complete mailing addresses. Mandatory fields are in **RED**. Additional programs may be added by clicking the 'Add New' button. Click 'Save' when finished. You can make as many entries as you would like by clicking 'Add New'.

Residency Contact Details			
Name	Brigham & Women's Hospital	Telephone	
Address		Fax	
Address 2		Email	
City	Boston	Contact	
State	MA		
Postal Code			
Country	USA		
Provider Details			
Start Date	07/05/2014	Subject	
End Date	07/12/2019	Status	
		 Edit	 Delete

Add New

Example: Mouse pointer over a Residency entry

3. Click the **Save** button to complete the updates for an entry. You can save even if the required entries are not complete, but you will not be able to submit the application until those required entries are completed.

Residency

Residency Contact Details

Search	Enter Name or City to s	Telephone
Name	BWH	Fax
Address		Email
Address 2		Contact
City	Boston	Supervisor
State	MA	Supervisor Phone
Postal Code		
Country	USA	

Provider Details

Start Date	07/01/2017	Subject
End Date	07/05/2019	Status

 Save  Cancel

Example: Residency entry complete, ready to save

Completing a Partners Credentialing Application with MD-App

Uploading electronic copies of licenses, certificates, and other required documents

Attach electronic copies (scans to PDF or image files such as jpg) of documents related to licensing, certifications, etc. as noted for each section. To upload:

1. If you haven't already, open the application form (see instructions above).
2. Click Files in the index on the left, or scroll down to the Files section. The instructions include a detailed list of the documents you need to attach:

Files

Please attach the following documents to complete your Initial Application:

- Board Certified/Letter (if applicable)
- Curriculum Vitae (mm/yy format)
- ECFMG (if applicable)
- Federal DEA Registration (**N/A to practitioners who do not prescribe Controlled Substances**)
- Malpractice Insurance Certificate
- Mass Controlled Substances Registration (MCSR) (**N/A to practitioners who do not prescribe Controlled Substances**)
- Photo (passport-sized or digital) – **not applicable to telemedicine providers**
- State License
- State Medical License Initial Application/Most Recent Renewal Application
- Supervising Physician Collaborative Agreement (if applicable)
- DD214 form - Applicable to providers with Military Service

3. Click the **Add New** button to display the upload section:

New File*

FileType	<input checked="" type="checkbox"/>	FileDescriptor
Expiration Date	MM/DD/YYYY	Upload File
Click to Upload		
Save		Cancel

4. Select a File Type from the drop-down list.
5. Optional: type a description and/or expiration date to quickly identify which files you have uploaded.
6. Click the **Click To Upload** button.
7. Browse to the file to upload, click to select it, and then click the **Open** button.

The name of the selected file displays:

New File*

FileType	CV	FileDescriptor
Expiration Date	MM/DD/YYYY	Upload File
Click to Upload		
CV_ChrisProvider.pdf 586.1kB		
Save		Cancel

Example: Curriculum Vitae PDF file ready to upload

8. Click the **Save** button. A thumbnail image of the file is included in the entry. Clicking the thumbnail displays the file full-size in a pop-up viewer.
 - To change the file type, description, or expiration date, hold the mouse pointer over the item in the Files section, and then click the **Edit** button. Click **Save** when your changes are complete. If the file itself is incorrect, delete the entry (see next) and replace it with the correct file.
 - To remove a file from the application, hold the mouse pointer over the item in the Files section, and then click the **Delete** button.

Completing a Partners Credentialing Application with MD-App

Requesting privileges

The privilege form(s) you'll see are based on the facility and specialty options you selected when you submitted the application request, after your initial login to MD-App.

1. If you haven't already, open the application form (see instructions above).
2. Click Privileges in the index on the left, or scroll down to the Privileges section.
3. For applications to inpatient facilities, click the checkbox to indicate whether you're requesting admitting privileges.
4. Check the qualifications and other instructions for case completion requirements and information you should provide in the comments.
5. Scroll down and review all the options for both core and delineated privileges.
6. Click to check those privileges for which you are qualified, and that you are willing and able to carry out.
7. When applicable, enter the number of cases completed and/or comments for selected privileges.
8. Depending on the site and specialty, you may also see instructions for obtaining privileges that are not granted via MD-App.

Privileges

Please review and request any privileges you may be requesting by clicking on the check-box that is next to the appropriate privilege. If you have cases to provide, please include them. You may also include more details in the **Comments** section.

MD CRITICAL CARE CLINICAL PRIVILEGES

Brigham and Women's Hospital - Clinical Staff

ADMITTING

Cases Completed:

Completing BWH residency this year; current ATLS provider status

NON-ADMITTING

Qualifications

Current certification or active participation in the examination process leading to certification in the relevant specialty/sub-specialty by the American Board of Medical Specialties, or the American Osteopathic Boards and accredited postgraduate training in critical care.

Or

Successful completion of a relevant ACGME or AOA accredited postgraduate training program plus post-graduate sub-specialty training in critical care.

Required Previous Experience

The applicant must be able to demonstrate that he or she has admitted and provided inpatient care to at least 30 patients in the surgical critical care unit, trauma/burn unit, cardiac critical care unit, and/or medical critical care unit.

CRITICAL CARE Core Privileges- Medical Intensive Care

Cases Completed:

Admit, evaluate, diagnose and provide treatment or consultative services to critically ill patients of all ages except where specifically excluded from practice, with multiple organ dysfunction and in need of critical care for life threatening disorders.

CRITICAL CARE Core Privileges – Surgical Intensive Care

Admit, evaluate, diagnose and provide treatment or consultative services to critically ill patients of all ages except where specifically excluded from practice, with post surgical, trauma and multiple organ dysfunction and in need of critical care for life threatening disorders.

CRITICAL CARE Core Privileges – cardiothoracic intensive care

Admit, evaluate, diagnose and provide treatment or consultative services to critically ill patients of all ages except where specifically excluded from practice, with post cardiothoracic surgical, trauma and multiple organ dysfunction and in need of critical care for life threatening disorders. The attached procedure list reflects the scope of practice included in this core including bronchoscopy, insertion and management of intra aortic balloon pump, management of ventricular assist devices, and extracorporeal membrane oxygenation.

CRITICAL CARE Core Privileges – Neurological Intensive Care

Admit, evaluate, diagnose and provide treatment or consultative services to critically ill patients of all ages except where specifically excluded from practice, with neurological or post neurosurgical, trauma and multiple organ dysfunction and in need of critical care for life threatening disorders. The attached procedure list reflects the scope of practice included in this core including insertion and management of intracranial pressure monitoring devices and continuous EEG monitoring.

SPECIAL PROCEDURES/TECHNIQUES

(See Qualifications and/or Specific Criteria)

Gastroesophageal Balloon Tamponade

Insertion & Placement of Pulmonary Artery catheters

Continuous Arteriovenous Hemofiltration and Dialysis

Example: BWH MD Critical Care Clinical Privileges, showing qualifications, requirements, and some privilege options



Privilege forms may also include a statement of your intentions, as well as the policies that are relevant to the privileges you're requesting. Submitting your application via MD-App serves as your formal acknowledgement of these statements.

Completing a Partners Credentialing Application with MD-App

Completing attestation questions

You must attest to the status of your Licensure and Prescriptive Privileges, Healthcare Facility Employment and/or Privileges, and Liability Insurance Coverage and Claims, as well as other circumstances that affect your eligibility for appointment to a Partners HealthCare facility.

1. If you haven't already, open the application form (see instructions above).
2. Click Attestation Questions in the index on the left, or scroll down to the Attestation Questions section.

Attestation Questions

When an attestation question has a "Yes" answer, please upload additional information under the "Files" section. If you are unable to upload, please mail to: Partners Central Credentialing Office 375 Boylston St. Brookline, MA 02445 Or you may fax to: 857-307-0898.

Licensure and Prescriptive Privileges

Yes No

1. Have any disciplinary actions** been threatened, initiated or are any pending against you by a state licensure board?

Yes No

2. Has your license to practice in any state ever been denied, limited, suspended or revoked, diminished, not renewed, relinquished (whether voluntarily or involuntarily) or are any proceedings currently pending which may result in any such action?

Yes No

3. Have your privileges to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted, not renewed, surrendered (voluntarily or involuntarily) or have you been called before or warned with regard to these privileges by this state or any jurisdiction or federal agency at any time? Is any such action currently pending?

Example: Attestation Questions 1 through 3

3. Click to select either the Yes or No option to answer each question. There are about two dozen questions; you must answer them all.
4. If answering Yes to any question:
 - Type a description of the situation in the field that displays.

Yes No

5. Do you hold a narcotic registration for any other state?

Example: Comment field for Yes answer to Attestation Question

- Upload any relevant documentation in the Files section (see instructions above).
- If you don't have an electronic copy, mail a paper copy to
Partners Centralized Credentialing Office
375 Boylston St.
Brookline, MA 02445
or fax to 857-307-0898.

Completing a Partners Credentialing Application with MD-App

Reviewing and signing your application form

1. If you haven't already, open the application form (see instructions above).
2. Click Review App in the index on the left, or scroll down to the Review App section.

Review App

To submit your application, ensure that all areas have been completed and all requested documents and forms have been included, then select **Submit**

Application. Your application and documents may be saved to your computer and/or printed from the **Main Login Screen** after you submit your application by pressing

Summary or **View** on the **Main Page**. **Final Steps:** 1. Check the Applicant's Acknowledgement checkbox below. 2. Enter your complete and legal name below, indicating that you have read and agree to be bound by the statements displayed below. 3. Click Submit Application to notify the Medical Staff Office that your application submission is complete. ****NOTE:** Once your application has been submitted, you may go back to edit your data by pressing **Unsubmit** on the main login page. You can return to this site to print your application and documents. If you have any questions, please contact the Centralized Credentialing Office. Their information is located in your Welcome Letter located in the Application Packet. We look forward to receiving your completed application.

Example: Review Application instructions

- If the button is red, you must review your entries—one or more has a field that is required and incomplete, or that contains invalid data.

Submit Application

- If the button is green, the entries you made are complete and valid. Check each section closely, however, to be sure that you included at least one entry for optional sections where they are relevant to your application.

Submit Application

3. Once your application is complete, click the **Submit Application** button.
4. When prompted to sign electronically, read the notification.

Checkbox
to indicate
agreement

Once your application is submitted, you will no longer be able to edit the data. You can return to this site to re-print the application and application packet.

By submitting my application, I agree to allow Medical Staff Services to view my personal data.

Please type your full name into the box below, signifying you agree to the terms and conditions

Return To Application

Submit Application

5. Click to check the box to indicate that you agree to allow Medical Staff Services to view your personal data.
6. Type your full name in the Electronic Signature field.
7. Click the **Submit Application** button.

The submitted application is listed at the bottom of the Home page.

Completed Applications

Application	Status	Last Modified	Summary	Unsubmit	View
Platinum Standard Initial	Submitted				

- Clicking the Summary button displays a list of the application sections, with the number of entries you have for each of these.
- Clicking the View button displays the entire application, with your entries, attached files, selected privileges, and attestations.
- If you need to make changes, you have until Medical Staff Services begins the review to click the Unsubmit button to remove it from the credentialing review process.

Completing a Partners Credentialing Application with MD-App

Signing and submitting Partners required documents

The Home page also includes a number of documents that you can sign and submit electronically.

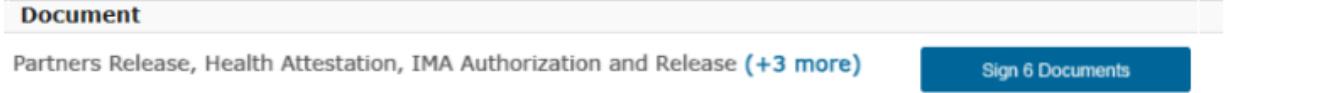
1. If you haven't already, log on to MD-App; if needed, click  to display the home page.
2. Click the **Sign 6 Documents** button. (It's possible that additional documents may be required by your site.)

Documents to Sign

Document

Partners Release, Health Attestation, IMA Authorization and Release [\(+3 more\)](#)

Sign 6 Documents



3. When prompted to acknowledge that you are the legally requested party, type your full name, and click to check the acknowledgement box.

Signature Disclosure

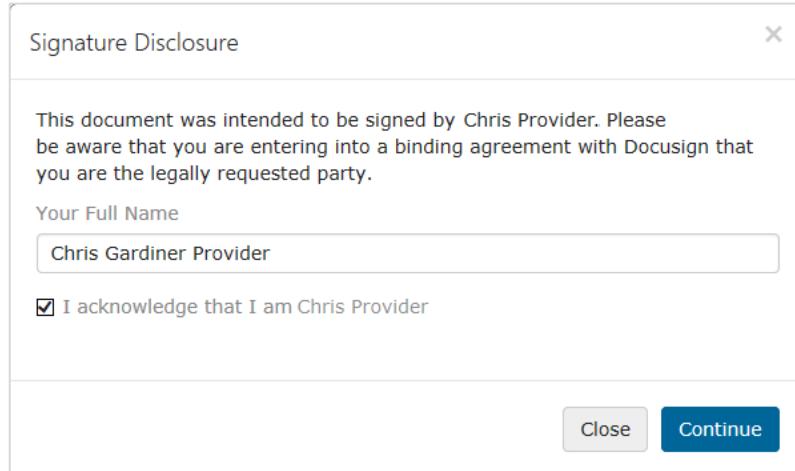
This document was intended to be signed by Chris Provider. Please be aware that you are entering into a binding agreement with DocuSign that you are the legally requested party.

Your Full Name

Chris Gardiner Provider

I acknowledge that I am Chris Provider

Close **Continue**



4. Click the **Continue** button to launch DocuSign.
5. You must indicate that you agree to use electronic records and signatures.

Please Review & Act on These Documents

Partners HealthCare System, Inc. - Credentialing

Powered by **DocuSign**

Please read the [Electronic Record and Signature Disclosure](#)

I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS ▾**



- Click the link to display the Electronic Record and Signature Disclosure. Click  for a paper copy. Click the **Close** button to return to the documents for signature. (View disclosure any time via the Other Actions menu.)
- Click to check the box to indicate your agreement.

6. Click the **Continue** button, which is activated when you check the agreement box.
7. The documents are displayed one after another; scroll down to read each one.
8. To scroll directly to the signature line for the first document, click the **Start** tab on the left.

Please review the documents below.

FINISH **OTHER ACTIONS ▾**

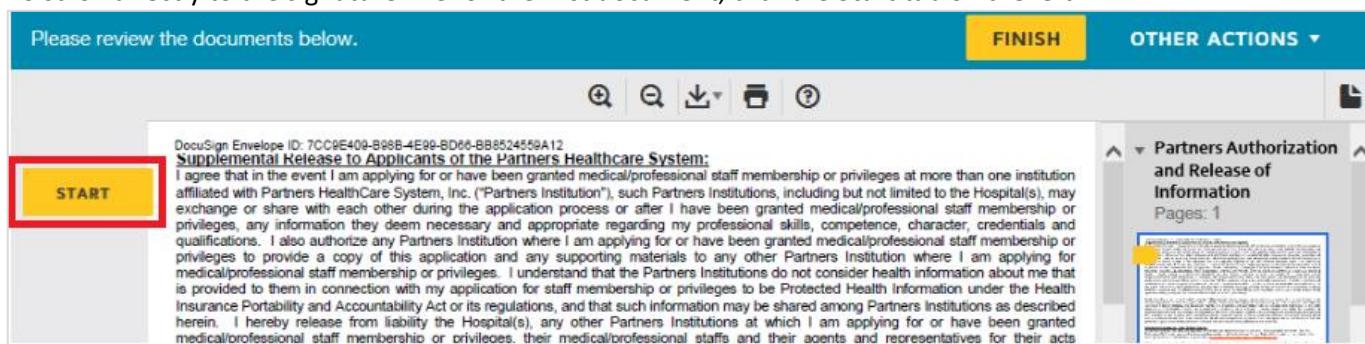
START

DocuSign Envelope ID: 7CC0E409-B988-4E99-8D66-BB852455A12

Supplemental Release to Applicants of the Partners Healthcare System:

I agree that in the event I am applying for or have been granted medical/professional staff membership or privileges at more than one institution affiliated with Partners HealthCare System, Inc. ("Partners Institution"), such Partners Institutions, including but not limited to the Hospital(s), may exchange or share with each other during the application process or after I have been granted medical/professional staff membership or privileges, any information they deem necessary and appropriate regarding my professional skills, competence, character, credentials and qualifications. I also authorize any Partners Institution where I am applying for or have been granted medical/professional staff membership or privileges to provide a copy of this application and any supporting materials to any other Partners Institution where I am applying for medical/professional staff membership or privileges. I understand that the Partners Institutions do not consider health information about me that is provided to them in connection with my application for staff membership or privileges to be Protected Health Information under the Health Insurance Portability and Accountability Act or its regulations, and that such information may be shared among Partners Institutions as described herein. I hereby release from liability the Hospital(s), any other Partners Institutions at which I am applying for or have been granted medical/professional staff membership or privileges, their medical/professional staffs and their agents and representatives for their acts

Partners Authorization and Release of Information
Pages: 1

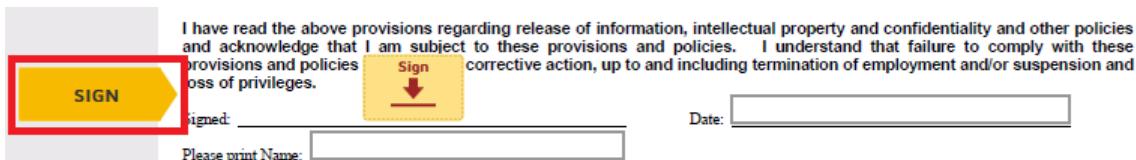


Continued on next page

Completing a Partners Credentialing Application with MD-App

Signing and submitting Partners required documents, continued

9. To move to the next unsigned signature line *without* signing, click the **Sign** tab on the left.

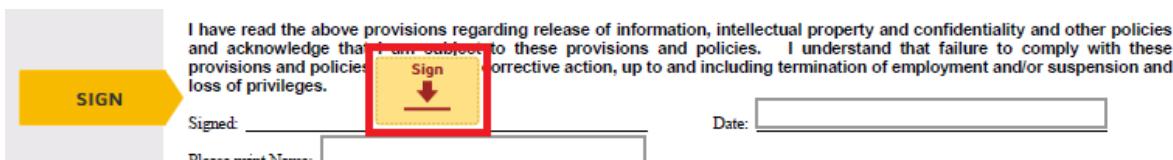


I have read the above provisions regarding release of information, intellectual property and confidentiality and other policies and acknowledge that I am subject to these provisions and policies. I understand that failure to comply with these provisions and policies may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges.

Signed: _____ Date: _____

Please print Name: _____

10. To sign a document, click the **Sign** button on the line.



I have read the above provisions regarding release of information, intellectual property and confidentiality and other policies and acknowledge that I am subject to these provisions and policies. I understand that failure to comply with these provisions and policies may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges.

Signed: _____ Date: _____

Please print Name: _____

11. The first time in, when prompted, check your full name and initials, and update as needed:

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name*	Initials*
Chris Gardiner Provider	CGP

- Click Change Style to select from several options for your electronic signature.
[SELECT STYLE](#) [DRAW](#)
[PREVIEW](#) [Change Style](#)
- Click Draw to open a scratchpad where you can sign with a mouse or drawing device.
[SELECT STYLE](#) [DRAW](#)
[PREVIEW](#) [Change Style](#)

12. Note the agreement that this will serve as an electronic version of your paper and pen signature:

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen and paper signature and initial.

ADOPT AND SIGN

CANCEL

13. Click **Adopt and Sign**. The signature you adopted, along with its unique DocuSign ID, is stamped on the designated spot on the form:

DocuSigned by:
Signature: Chris Gardiner Provider
E9FSC7724B56481...

14. After you sign, the display scrolls to the signature line for the next document, again with a **Sign** tab indicating the location. Click the **Sign** button.

15. When all the documents are signed, click either **Finish** button. (There is one under the final document, and one in the heading.)

Please review the documents below.

FINISH

OTHER ACTIONS ▾

16. Click the **Return to Application** button or .

17. The signed documents are listed on the Home page. Clicking a **View** button displays the signed file in your PDF reader. From there, you can print and save a copy if needed.

Completing a Partners Credentialing Application with MD-App

Downloading, printing, and completing required documents for notarized signature

In the Files section of your application, the instructions include a note regarding two (2) forms that need to be submitted on paper:

Please complete and mail the following originals to the address listed below:

- Notarized Proof of Citizenship/Government Issued Picture ID (driver's license, passport, permanent residency card)
- Massachusetts Notarized CORI Form

Partners Centralized Credentialing Office 375 Boylston Street Brookline, MA 02445

In addition, depending on the sites you're applying to as well as your insurance status, you may need the CRICO form.

These are available to download and print in the Documents to Download section of the Home page:

- Partners Healthcare Notarized Proof of Citizenship/Identification Form
- State CORI with Instructions – the Massachusetts Department of Criminal Justice Information Services CORI (Criminal Offender Record Information) Acknowledgement Form
- When applicable – CRICO form for establishing malpractice coverage if you don't have it

To complete the required paperwork:

1. If you haven't already, log on to MD-App; if needed, click  to display the home page.
2. Click the **Download** button for a document.

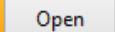
Partners HealthCare Notarized Proof of Citizenship/Identification Form



State CORI with Instructions



3. Click the **Open** button in the prompt at the bottom of the browser.

Do you want to open or save f37837c2-232b-4a70-96bd-00fd2d5f30f3.pdf from na01.mdapp.com?   

The form opens to your default PDF document reader.

4. Click .
5. Select a printer, and then click the **Print** button.
6. Once you have paper copies, fill out the forms.
7. For the Partners Healthcare Notarized Proof of Citizenship/Identification Form, affix an identification photograph (instructions are included on suitable formatting).
8. Sign the Partners ID and CORI forms in the presence of a Notary Public to obtain a Notary signature and seal. In addition, when available, sign the CRICO form (notary seal not needed).
9. Mail both notarized forms, and the CRICO form if needed, to
Partners Centralized Credentialing Office
375 Boylston St.
Brookline, MA 02445.

 Processing your CORI may take up to 3 weeks; a delay in submitting the CORI form can cause a delay in processing your application

Viewing informational documents

The Documents to Download section on the Home page includes a number of sheets for your information, which do not need to be submitted with your application. You can print or save a copy for your records. The documents may be general to Partners, such as definitions of disciplinary actions, or specific to the facilities to which you're applying. To view the documents:

1. If you haven't already, log on to MD-App; if needed, click  to display the home page.
2. Click the **Download** button for a document.
3. Click the **Open** button in the prompt at the bottom of the browser to view in your default PDF document reader.