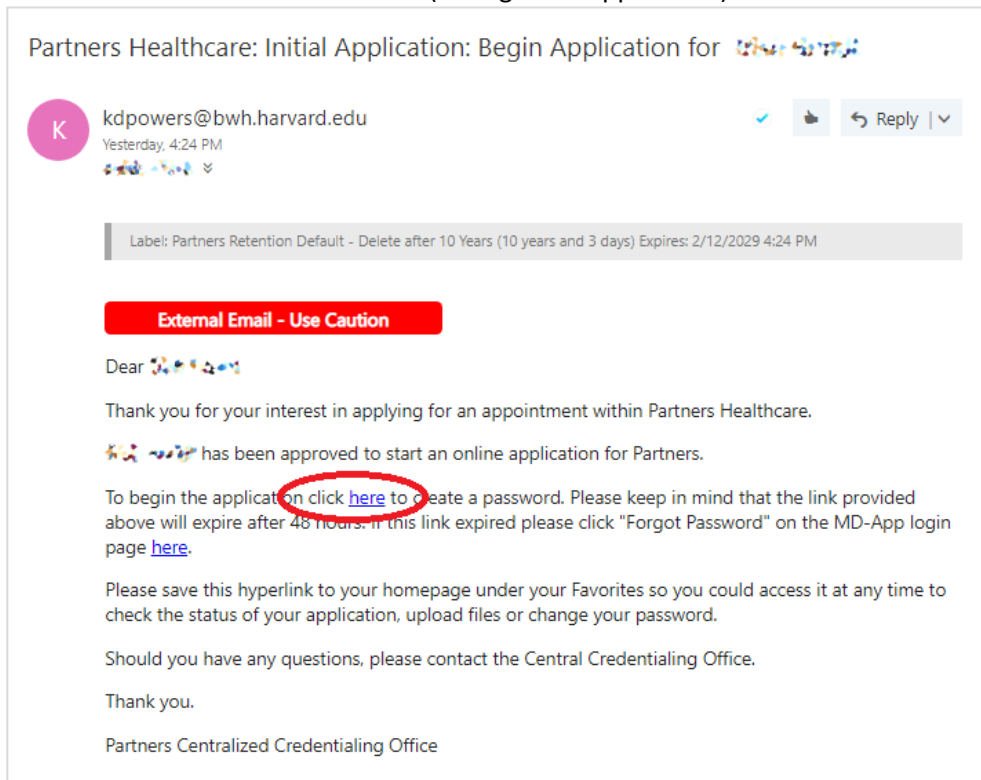# Completing a Partners Credentialing Application with MD-App

Setting up your account password

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

Partners Healthcare: Initial Application: Begin Application for ⬚⬚⬚

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 ⬚⬚⬚

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

⬚⬚⬚ 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®
H E A L T H C A R E

Enter a new password below to activate your account

New Password
[   ]

Confirm Password
[Confirm Password]

[Submit   ]

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

3. Click the **Submit** button.

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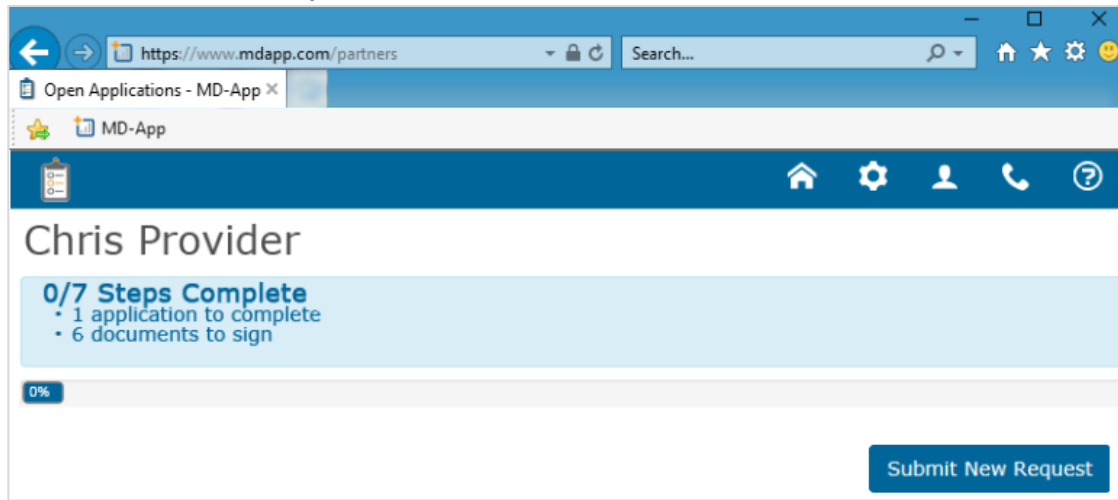
ⓘ Save https://www.mdapp.com/partners to your browser Favorites for easy access.

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.

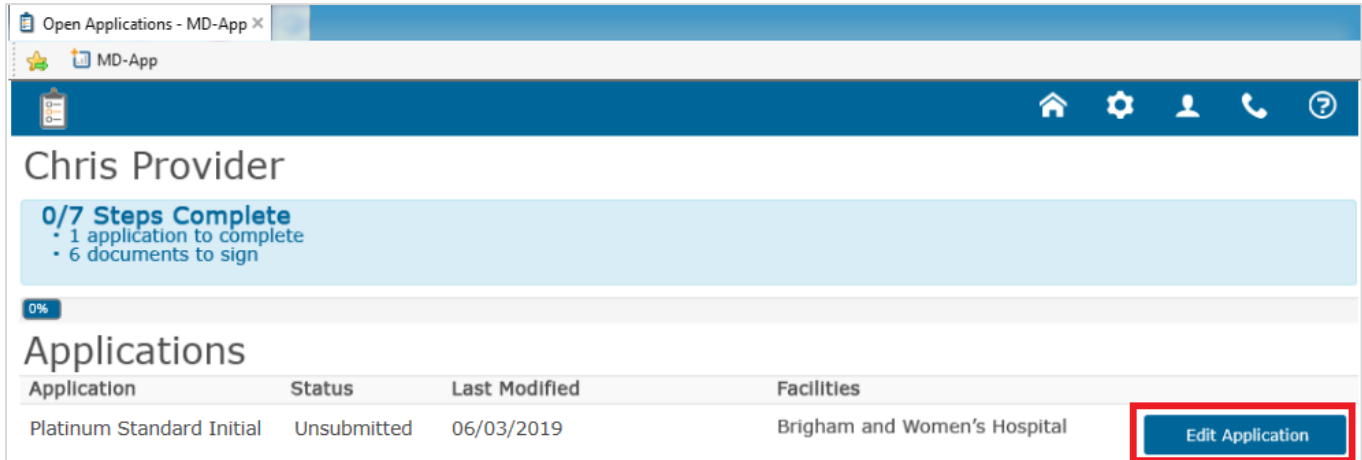MD-App opens to the home page.

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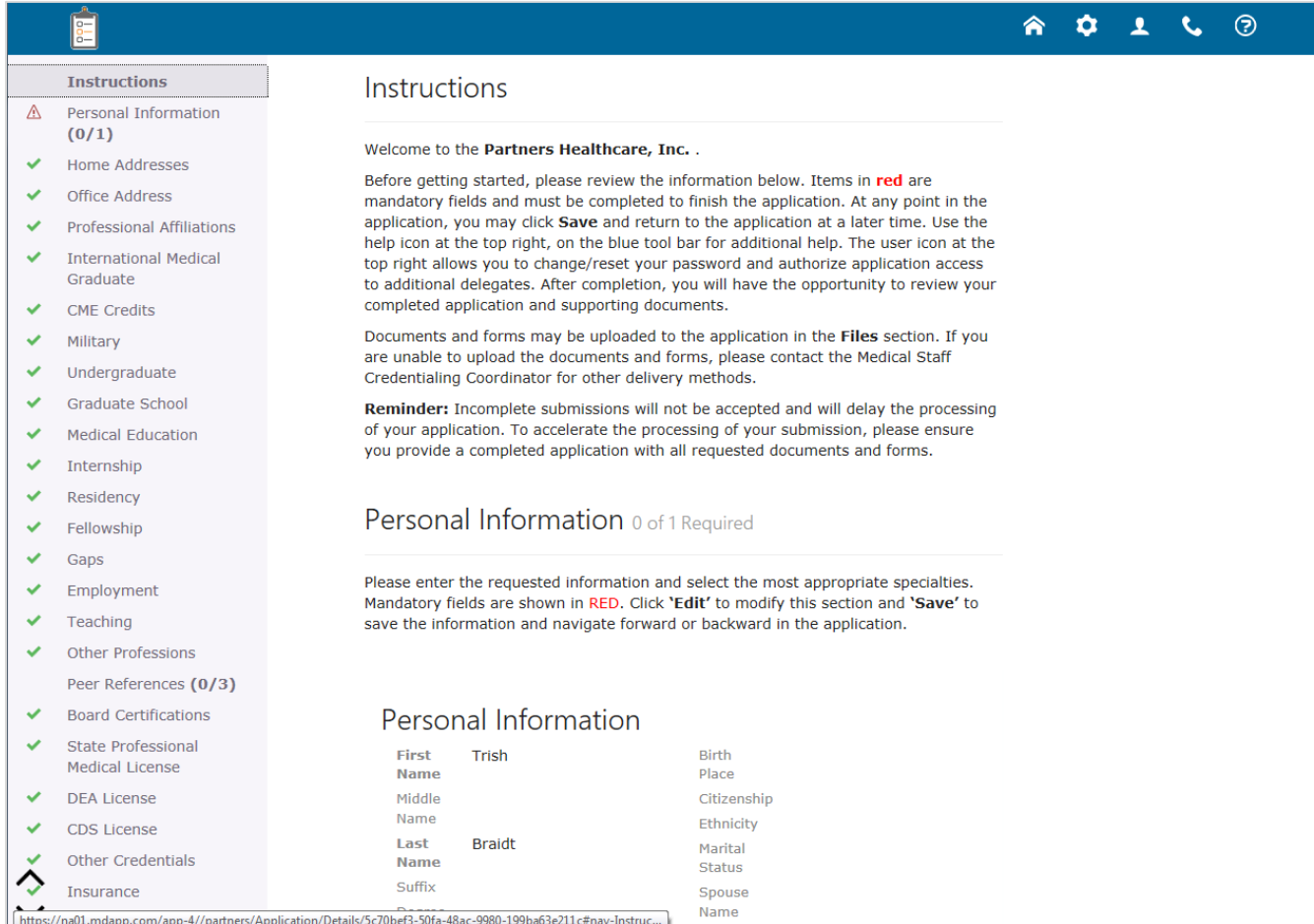
The application is presented in a single long form, divided into sections:

- 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.

> ℹ️ 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).

> 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.

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.

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.

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.

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
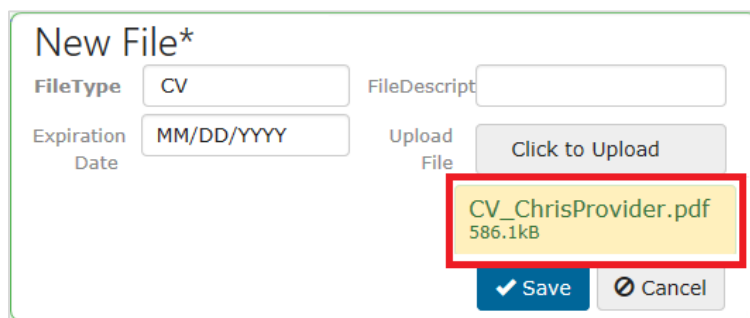
Please attach the following documents to complete your Initial Application:
- Board Certified/Letter (if applicable)
- Curriculum Vitae (mm/yy format)
- ECFMG (if applicable)
- Federal DEA Registration (N/A to practitioners who do not prescribe Controlled Substances)
- Malpractice Insurance Certificate
- 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 | [▼] | FileDescript | [   ] |
| 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	FileDescript	[ ]
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.
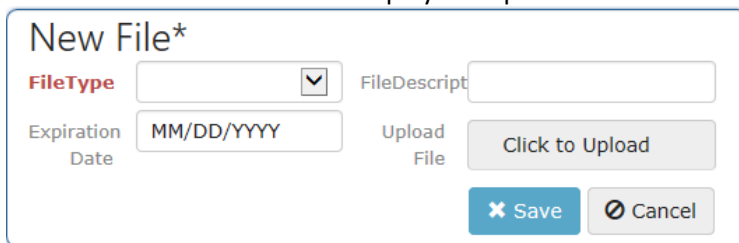
8. Depending on the site and specialty, you may also see instructions for obtaining privileges that are not granted via MD-App.

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

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ⓘ   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 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.
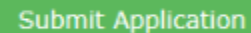
Review App

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.
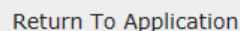
  ⚠ Submit Application

- 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.
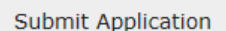
  Submit Application

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			
Platinum Standard Initial	Submitted		Summary	Unsubmit	View

- 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.

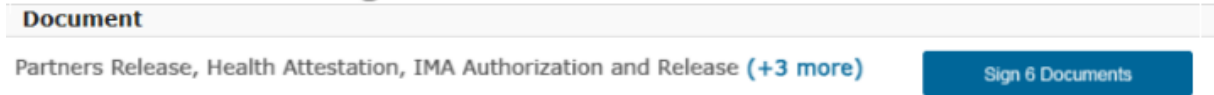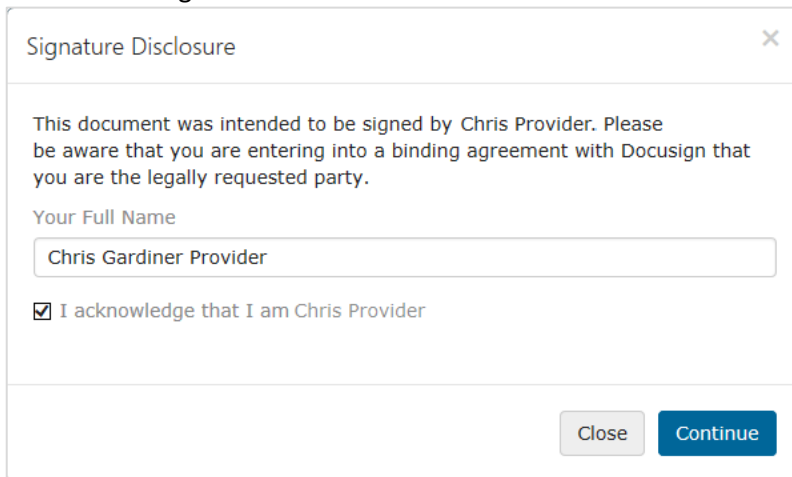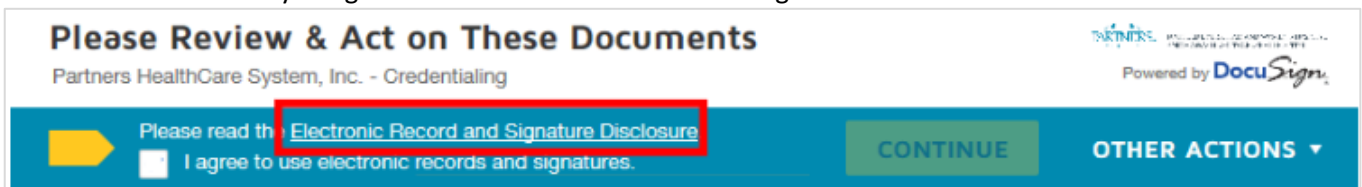> **Please Review & Act on These Documents**
> Partners HealthCare System, Inc. - Credentialing   Powered by **DocuSign**
>
> Please read the **Electronic Record and Signature Disclosure**
> ☐ I agree to use electronic records and signatures.   [CONTINUE] [OTHER ACTIONS ▼]

- 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 ▼]
>
> 🔍 🔍 ⬇ 🖨 ⓘ
>
> DocuSign Envelope ID: 7CC9E409-B98B-4E99-BD66-BB8524559A12
> **Supplemental Release to Applicants of the Partners Healthcare System:**
> [START] 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

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.

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

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:

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	Download
State CORI with Instructions	Download

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**?   Open   Save ▼   Cancel

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.