Contact us

Contact Information

Name	UNMHS-CVO
Title	Credentials Verification Organization
Hours	8-5

On the web

Email	HSC-UNMHS_CVO@salud.unm.edu
Website	http://clinicalaffairs.unm.edu/unmhscvo/index.html

By mail

1 University of New Mexico
MSC08 4620
Albuquerque, NM 87131

By phone

Primary	(505) 272-2526

By fax

(505) 272-6055

UNM HEALTH SYSTEM

The University of New Mexico Hospitals (Corporate)

New to AppCentral?

If this is your first time you must create an account specific to AppCentral.

Sign Up

Returning to AppCentral?

AppCentral ID:

Password:

Sign In

Having trouble accessing your account? Click here.

You must create an AppCentral account if this is your first experience with AppCentral. You only need a single AppCentral account which may be used for any AppCentral process once it has been created.

First Name:*   Last Name:*

AppCentral ID:*   Confirm:*

Password:*   Confirm:*

Weak	Medium	Strong

Your password must Be between 10-15 characters in length Have one or more digits Have one or more letters Have one or more of the following characters: ,./?;':"[]{}\|!@#$%^&*()-=_+

Personal Email:*

Credentialing Contact Email:

To receive notifications via email about your application process, or to help recover your forgotten password, please provide a contact email address.

Just in case you forget your account info

Question 1:*   Select a challenge question ⌄

Answer:*

☐ I have read and accept the terms of use agreement.
View terms of use agreement

Cancel   **Create my account**

* Required

Enter all of the required information into the fields provided. An entry is required for each field which is marked with an asterisk (*). The email address and AppCentral ID entered into this account creation screen are the identifiers AppCentral will use to identify you.

The password used for this account must be between 10 and 15 characters long and have at least one numerical character, one alphabetical character and one special character.

As part of the account creation process, you must designate a challenge question with an answer to be used as a security measure if you ever need to have your forgotten password recovered and your AppCentral access restored.

Select Facility

Select a facility that your account is currently associated with. Doing so will display the list of ongoing activities associated with the selected facility.

My Documents

Show completed processes ☐

Name	Due Date	Action Required	📎	Status
📄 Reappointment Application		ⓘ Contact|Help		
The University of New Mexico Hospitals (Corporate)				
UNM Credentialing Application	N/A	Fill out & submit	0	Opened
UNMH				
Anesthesiology (UNMH)	N/A	Fill out & submit	0	New

Clicking on any document listing will open that document. If this is the first time any document in the process has been opened, you will be required to satisfy any applicable provider verification conditions before continuing.

Condition	Definition
Due Date	This is the date by which the completed document should be submitted.
Action Required	This is the action/actions required. There are three kinds of documents based on the actions required: **Fill out & submit** documents must be completed and submitted electronically, **Print and fax** documents must be printed out as hardcopies to be completed manually and then faxed into the MSO, and read-only documents are documents which you only need to be open and read.
Paperclip Icon 📎	This indicates the number of attachments currently attached to the document.
Status	This is the current status of the document.

Credentialing Application Process.

UNM HEALTH SYSTEM

Action Required: Fill out & submit

Menu

⚠ **Please review the entire application for accuracy and completeness. The following fields must be populated to submit the application.**

- Fields highlighted in red must be completed or corrected. - **1 , 5 , 6 , 7 , 9 , 10 , 11 , 13 , 15**

Fax or Attach Image	Submit

UNM HEALTH SYSTEM

Name: Test | Test | E. | _
Last | First | Middle | Maiden or Other Names Used

List all that apply and for which you are currently licensed: (Examples: MD DO DDS DC DPM OD PA CNM CNP CRNA RN PT OT ST DOrienMed Acup Clin Psych Psych Assoc LMHC LPAT LADAC LISW LMSW LPC LPCC LMFT CNS/Psych CNS/Medical Spch Path)

Title: MD   **Specialty:** _

A red banner above the document tells you which document pages contain fields which must be filled for the document to be submitted to the staffing office and which attachments you must make to the document if any.

Gender: ☐F ☒M   Citizenship: [ ]   Place of Birth: Albuquerque, NM United States

Social Security Number: 333-33-3333   Date of Birth: 01/01/1980

State Tax ID#: [ ] ☐Pending   Federal Tax ID#:   - -   ☐Pending

Medicare #: [ ] ☐Pending   Medicaid #: [ ]   ☐Pending

Unique Physician Identification Number (UPIN): [ ]   ☐Pending

National Provider Identifier Number (NPI): 1740210442   ☐Applied

CLIA Number (if applicable): [ ]   Approval Level: [ ]   Expiration Date: [ ]

Home Address:

Street Address: [ ]

City, State/Province and Zip Code: [ ]   Select Item ▼   -

Telephone Number: ( ) -   Pager Number: ( ) -

Cell Phone Number: ( ) -   Spouse's Name (Optional): [ ]

Credentials Correspondence Address:

Department/Name: [ ]

Street Address: [ ]

City, State/Province and Zip Code: [ ]   Select Item ▼   -

Email Address: [ ]

Telephone Number: ( ) -   Facsimile Number: ( ) -

Military Service:

Branch: Select Item... ▼   Dates: From: [ ]   To: [ ]

Rank: [ ]   Type of Discharge: [ ]

Immigration:

Immigration Status: [ ]   Immigration Certification Number: [ ]

ECFMG (Educational Commission for Foreign Medical Graduates) Number (if applicable): [ ]

Date Issued: [ ]   (Please attach a copy of your ECFMG certificate.)

Revised September 2015   2

Submit Document

Disabled until all required information has been provided (highlighted in red).

Fields which require input are outlined in red while they are empty. Once these fields have
been filled in; move to another page to save, and the red outline will be removed from the field.

Please avoid using the browser back button.
Home

Hello, Test Test (tttest)

My Messages   Account   Contact   Help   Privacy   Sign out

Credentialing Application Process.

NM HEALTH SYSTEM

Action Required: Fill out & submit

Menu

| Fax or Attach Image | Submit |

NM HEALTH SYSTEM

Name: Test _____ Test _____ E. _____
Last   First   Middle   Maiden or Other Names Used

List all that apply and for which you are currently licensed: (Examples: MD DO DDS DC DPM OD PA CNM CNP CRNA RN PT OT ST DOrienMed Acup Clin Psych Psych Assoc LMHC LPAT LADAC LISW LMSW LPC LPCC LMFT CNS/Psych CNS/Medical Spch Path)

Title: MD   **Specialty:**

Gender: ☐F ☒M   **Citizenship:** us   **Place of Birth:** Albuquerque, NM United States
Social Security Number: 333-33-3333   **Date of Birth:**
State Tax ID#: _____ ☐Pending   **Federal Tax ID#:** __-__ _____ ☐Pending
Medicare #: _____ ☐Pending   **Medicaid #:** __ _____ ☐Pending
Unique Physician Identification Number (UPIN): _____ ☐Pending
National Provider Identifier Number (NPI): 1740210442 ☐Applied
CLIA Number (if applicable): _____ **Approval Level:** _____ **Expiration Date:**

Home Address:
Street Address:
City, State/Province and Zip Code: _____ Select Item ▼ -
Telephone Number: ( ) -   Pager Number: ( ) -
Cell Phone Number: ( ) -   Spouse's Name (Optional):

Credentials Correspondence Address:
Department/Name: anesthesiology
Street Address:
City, State/Province and Zip Code: _____ Select Item ▼ -
Email Address: a@a.com
Telephone Number: (505) 555-5555 _____ Facsimile Number: ( ) -

Military Service:
Branch: Select Item... ▼   Dates: From: _____ To:
Rank: _____ Type of Discharge:

Immigration:
Immigration Status: _____ Immigration Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates) Number (if applicable):
Date Issued: _____ (Please attach a copy of your ECFMG certificate.)

Revised September 2015   2

Submit Document

Once required fields have been completed, the Submit Document button turns green.
When the document has been successfully submitted, a message appears stating so. You may either move on to the next document to be completed, return to the Home screen, or sign out of AppCentral completely via the options provided

Document submitted successfully

Next Document   **Back to Home**   **Sign Out**
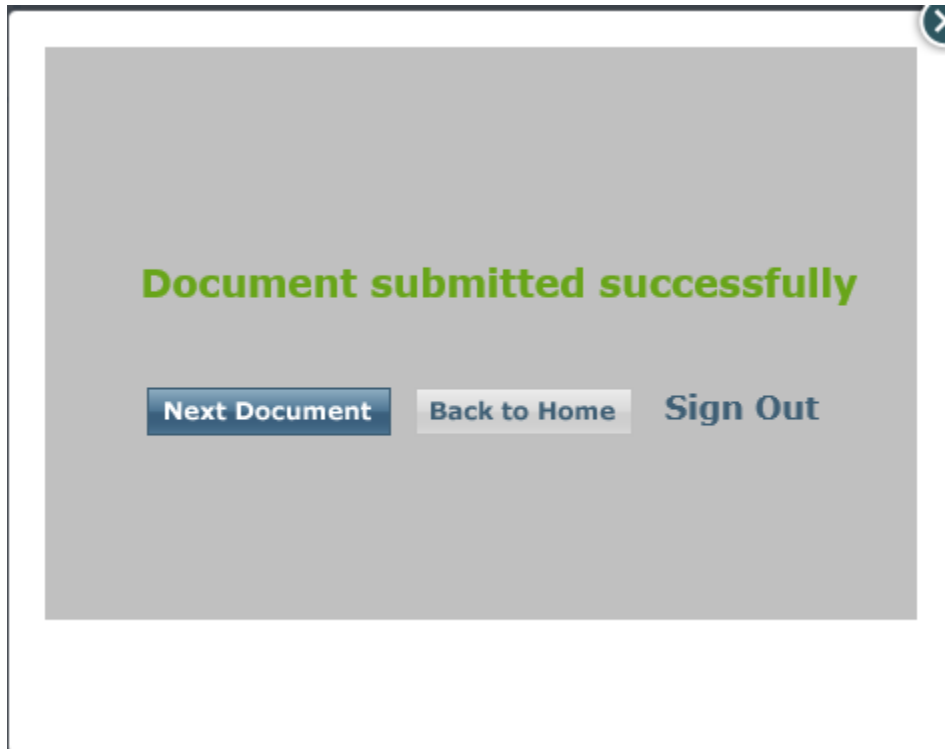
If there are multiple documents to be submitted, you will receive a pop-up window (above), you can choose to continue on to the next document, go back home or sign out. **Please note: All documents that are attached must be completed and submitted before the application is considered complete for review.**

HEALTH SYSTEM

The University of New Mexico Hospitals (Corporate)

New to AppCentral?

If this is your first time you must create an account specific to AppCentral.

Sign Up

Returning to AppCentral?

AppCentral ID:

Password:

Sign In

Having trouble accessing your account? Click here.

Please avoid using the browser back button.

Restore access to my account

Why can't you sign into AppCentral?

Please select one of the following options:

☑ I forgot my password.

☐ I forgot my AppCentral ID.

☐ I forgot my AppCentral ID and password and no longer have access to the email associated with my AppCentral account.

Back   **Continue**

Restore access to my account

Forgot your password? Let's create a new one.

1. First, let us locate your account.

   If we are able locate your account we will send you an email containing a temporary password which you will then use to access the system and create your new password.

2. Enter the name on the account.

   First Name:*   [   ]

   Last Name:*   [   ]

3. Enter the AppCentral ID you used to create your account.

   AppCentral ID:*   [   ]

   If you used your email address as your account ID when you created your account you may enter it as your AppCentral ID.

If you don't remember your AppCentral ID, click the Back button to return to the previous page and choose the second option.

If you no longer have access to your email address, click the Back button to return to the previous page and choose the last option.

*Required

[Back]   [Continue]