



**CREDENTIALING APPLICATION PROCESS**  
**PHOTO ID FORM**

As part of the credentialing application process at the University of New Mexico Health System, it is a requirement for verification to take place that documents the practitioner requesting approval is the same practitioner identified in the credentialing documents. Please review and attach the following:

- A current picture hospital ID card or
- A valid and current picture ID issued by a state or federal agency (e.g. driver’s license or passport)

**Practitioner’s Name (print):** \_\_\_\_\_

**Practitioner’s Department/Hospital/Clinic:** \_\_\_\_\_

**Instructions for person verifying:**

- UNMHS Employee
- Medical Staff Member of Entity applying
- Medical Staff Affairs Office
- Credentialing Verification Office

At the time the applicant presents whether virtually or in person, this verification process **MUST** take place. Please make a copy of one of the above documents, attach the copy to this document, and fill out the form below attesting that you have completed this verification.

- In person verification
- Real-time virtual verification

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

**A COPY OF THIS COMPLETED FORM, WITH ATTACHED ID, SHOULD BE FORWARDED TO  
CREDENTIALING VERIFICATION OFFICE  
EMAIL: HSC-UNMHS CVO@salud.unm.edu  
FAX: 505 272-6055**