



# LIBERTY HEALTHCARE CORPORATION AND AFFILIATES (LIBERTY) CONSULTANT FORM

## Consultant Endorsement OR Credentialing Process for Clinical and Non-Clinical Consultants

### SECTION 1: TO BE COMPLETED FOR CLINICAL & NON-CLINICAL CONSULTS

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Purpose: \_\_\_\_\_  Clinical Consultant  Non-Clinical Consultant

Anticipated Start Date: \_\_\_\_\_

Anticipated # of hours per month: \_\_\_\_\_

Contract Manager's Written Endorsement of Consultant:

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### Section 2: TO BE COMPLETED FOR CLINICAL CONSULTANTS ONLY

Completed Liberty Application

Evidence of Professional Liability Insurance AND/OR  Evidence of Application for Liability Insurance

Professional License/Degree or Certification

The Contract Manager will obtain a signed HIPPA Confidentiality statement and attach to this form.

Form Completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Required)

Contract Manager Approval \_\_\_\_\_ Date: \_\_\_\_\_

QP/QI Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, please forward notification to Credentialing Manager,  
Abby Yankawitz via e-mail at [abby.yankawitz@libertyhealth.com](mailto:abby.yankawitz@libertyhealth.com) or via  
Fax at 610-617-3794