

# Fairview System Credentialing Office CHANGE FORM

Today's Date:

Form Completed By:

Effective Date of Change:

Change Requested By:

Reason for Change (Required):

Practitioner							
Last Name:		First:		Middle:		Title:	

Vital Information Change – COMPLETE ONLY if Vital Information has Changed							
Last Name:		First:		Middle:		Title:	
Dept:				Specialty:			
DOB:		SSN:		NPI:			

Primary Office Address/Name Change			
New Clinic Name:			
Street Address:			
City/State/Zip:			
Phone:		Fax:	

COMPLETE ONLY if Old Primary Office Should be Removed	
Old Clinic Name:	
Street Address:	
City/State/Zip:	

See additional non-primary office changes (attached)

Employment Change					
Employer Name:					
Street Address:					
City/State/Zip:					
Practitioner Email:					
Phone:		Fax:		COI obtained:	Yes    No
Cred Contact Name:		Phone:		Email:	

Status Change	
Current Status:	
New Status:	
List all applicable facilities:	

**Additional Notes:**

**RETURN COMPLETED FORM TO:** Fairview System Credentialing Office  
Email: [fsco@fairview.org](mailto:fsco@fairview.org) or Fax: (612) 672-4244

### *Expirables Team Use Only*

Changes Made:    MSOW    NPDB    DHS

Notify:    Provisioning    Delegated    FV Onboarding    UMP Provider Enrollment    Reappointments    Updates/Add'l Privilege

FPA    FVCL    MGASC    MHSC    UMMC    FMS Primary:

P = Primary Facility    X = Other Credentialed Facility

Fairview System Credentialing Office  
CHANGE FORM

<b>Non-Primary Offices (Add/Remove)</b>
<b>Add Offices:</b>
<b>Remove Offices:</b>