



## CREDENTIALS VERIFICATION OFFICE: Request For New Applicant Process Steps

### STEP 1: Create Users Account

**BayCare**  
BayCare Health System

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

**Returning to AppCentral?**

AppCentral ID:

Password:


**Sign Up** **Sign In**

Having trouble accessing your account? [Click here.](#)


**Note:** If the provider already has an account, they can just log in on the right hand side (Returning to AppCentral) section

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Please avoid using the browser back button.  
Sign in



### Create AppCentral ID

 Please create your AppCentral ID and your password below

Choose an ID that will be unique but easy for you to remember.  
**For example:** Your personal email address will be a good candidate for an ID. Your ID must be alpha-numeric and at least 5 characters in length

First Name:\*

AppCentral ID:\*

Password:\*

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: .,/?;:'"[]{}\|!@#\$\$%^&\*()-=\_+

Last Name:\*

Confirm:\*

Confirm:\*

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

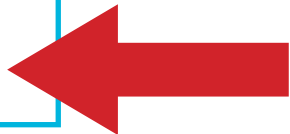
Answer:\*

I have read and accept the terms of use agreement.  
[View terms of use agreement](#)

\* Required

**STEP 2:**  
Create your user account and click on the button left of the red arrow

**NOTE:** If you have a person assisting you with your application, please make sure to list their email address under "Credentialing Contact Email"



Dear **John Smith**,

Thank you for registering with Application Manager.  
Your new Application Manager ID is: **JohnTestSmith**

Always take the necessary precautions to protect your personal information from unauthorized users.  
Please direct any questions you may have to your credentialing support representative.

\*\*\*\*\*  
This message was sent through the Application Manager Electronic Application Services.  
**Please do not reply to this email.**  
\*\*\*\*\*

The information transmitted by this email is intended only for the person or entity to whom it is addressed. This email may contain proprietary, confidential, or privileged information of symplr. If you are not the intended recipient of this email, be aware that any use, review, retransmission, distribution, reproduction, or any action taken in reliance upon this email is strictly prohibited. If you received this email in error, please delete the material immediately and notify the sender. (NB57E5WAL)

**STEP 3:**  
A confirmation email is sent to the listed email address for the newly created account

● The successful creation of a new AppCentral account leads the applicant to their own account home screen which lists any and all processes he/she may currently be involved with.



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**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
BayCare Request for Application				
BayCare Request for Application	N/A	Fill out & submit	N/A	New
BayCare Welcome Letter	N/A	Read document	N/A	Unread

**STEP 4:**  
Click the Request for Application

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

Fax or Attach Image      Submit

Request for Initial Application

**General Information**  
PLEASE COMPLETE ALL INFORMATION

First Name:  Middle Name:  Last Name:  Suffix:  Degree:

Birth Date:  Social Security #:

Gender: Male:  Female:  NPI:

Personal Email:  Preferred Method of Contact:

**Primary Office Location Information**

Practice Name:

Address:



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Request for Initial Application

**General Information**

PLEASE COMPLETE ALL INFORMATION

First Name Middle Name Last Name Suffix Degree

Birth Date Social Security #

Gender: Male Female NPI:

Personal Email: Preferred Method of Contact:

**Primary Office Location Information**

Practice Name: Address: City: State: Zip: Phone: Fax: Credentiaing Contact Email:

Are you applying with this group as a Hospitalist:  Yes  No

**Specialty Information**

Primary Specialty: Secondary Specialty:

**BayCare Health System Facilities – select all that apply**

- Bardmoor Surgery Center
- Bartow Regional Medical Center
- BayCare Alliant Hospital
- BayCare Behavioral Health
- BayCare Hospital Wesley Chapel
- BayCare Medical Group (BMG)
- BayCare Physician Partners
- BayCare Physician Partners – ACO
- BayCare Surgery Center – Trinity
- BayCare Urgent Care
- Carillon Surgery Center
- Mease Countryside Hospital
- Mease Dunedin Hospital
- Morton Plant Hospital
- Morton Plant North Bay Hospital
- Morton Plant Rehabilitation Center
- South Florida Baptist Hospital
- St. Anthony's Hospital
- St. Joseph's Hospital - North
- St. Joseph's Hospital - South
- St. Joseph's Hospital - Main, Women's, Children's
- Tampa Minimally Invasive Spine Surgery Center
- Winter Haven Hospital

**Applying as a:** Physician  Allied Health Professional  Ancillary Provider

If you have any questions, please call the BayCare CVO (Credentials Verification Office) at (727) 519 - 1826.

Signature Date

Physician (MD/DO/DMD/DDS)

Allied Health (Examples: APRN/CRNA/PAC/AA/RA/Midwives)

Ancillary: Cath Lab Techs, Dental Assistants, Radiology Tech, Surgical Tech, LPNs, etc.

**NOTE:** Applicants must complete all boxes with red border. Once all required boxes are complete, select the green **Submit** button at the bottom of the page.