

HEALTHTRUST VERIFIED PROFESSIONAL ORGANIZATION ENROLLMENT FORMS

If you would like to add your organization to the HealthTrust Verified software system for your employees, or yourself to credential for access to HCA Healthcare facilities, please complete this form.

New to HealthTrust Verified Professionals?

Complete both Part A and B in their entirety and include required documentation.

Only need to add a new role/position to your organization?

Complete Part B in its entirety and include required documentation.

Need to add a delegate account to assist with credentialing your employees?

Complete the HWS Delegate Enrollment Form : <https://vproverified.com/delegate/>

Please email completed forms and required documentation to PARA.DHPCompliance@Parallon.com

If you have any questions regarding enrollment please email PARA.DHPCompliance@Parallon.com or contact our Customer Care team at **954-514-1440**

Please allow up to 48-72 hours for processing. We will contact you if any additional information is needed to complete your request.

BEGIN THE PROCESS ON THE FOLLOWING PAGES

Organization Enrollment Form – Part A

Yes/No	I am requesting enrollment for a new Organization within the HealthTrust Verified System		
	Yes	Please complete this form in its entirety and attach the required documentation.	
	No	If your organization already exists within the HealthTrust Verified System please complete Part B.	

Organization Name					
Contact Name					
Contact Information	Phone		Email		
Street Address 1					
Street Address 2					
City					
State			Zip Code		
Who will pay the annual credentialing fee?		Organization		Verified Professional	Both
Please explain your business, specialty, services, or products. Please be specific.					
Facilities you are requesting access to					

Documentation Required for Processing

- **Certificate of Insurance** – This is required if you will be enrolling any positions that affect patient care, treatment or services. Please note that if you/your employees are covered under their own certificate of insurance, rather than a company policy, each person must enroll under their name for the insurance to be managed accordingly.
- **Job Description** – Please attach a Job Description for all positions you are requesting to enroll. The job description must include company name/logo, job title, responsibilities, qualifications/skills, and required licenses/certifications/education.
- **Role Description** – Please complete a role description for all positions you are requesting to enroll. The role description should explain the services each Verified Professional will be providing within an HCA facility. The role may be a portion of normal company responsibilities but not the full range. This information is required to determine the correct HCA classification that corresponds to your job titles.

Examples:

Clinical Liaison for a Medical Device company would be classified as a Supplier Representative.

An Admission Nurse who enters the hospital due to a referral may be classified as a Community Liaison.

Job Titles/Role Descriptions

Job Title:
Role Description:
Job Title:
Role Description:
Job Title:
Role Description:

Organization Enrollment Form – Part B

Yes/No	My organization already exists within the HealthTrust Verified System and I need to add a new role/position.		
Yes	Please complete this form in its entirety and attach the required documentation.		
No	If your organization does not already exist within the HealthTrust Verified System please complete Part A.		

Organization Name				
Contact Name				
Contact Information	Phone		Email	
Facilities you are requesting access to				

Documentation Required for Processing

- Job Description – Please attach a Job Description for all positions you are requesting to enroll. The job description must include company name/logo, job title, responsibilities, qualifications/skills, and required licenses/certifications/education.
- Role Description – Please complete a role description for all positions you are requesting to enroll. The role description should explain the services each Verified Professional will be providing within an HCA facility. The role may be a portion of normal company responsibilities but not the full range. This information is required to determine the correct HCA classification that corresponds to your job titles.

Job Titles/Role Descriptions

Job Title:	
Role Description:	
Job Title:	
Role Description:	
Job Title:	
Role Description:	