



## PROVIDER ONLINE CREDENTIALING APPLICATION –

### DESIGNATION OF AUTHORIZED ADMINISTRATOR

BJC HealthCare’s online hospital medical/provider staff credentialing application offers an option to you, as the applicant provider, to authorize and designate another individual to access your application and to complete certain sections of the credentialing application on your behalf to facilitate its completion.

The individual that you designate (the, “Authorized Administrator”) may assist you in completing the application by updating and/or adding credentialing information to selected application sections and will be included on email correspondence related to the completion of your application.

If designated by you, the Authorized Administrator **will** be able to:

- Add new responses or answers on the application (except those sections noted below);
- Edit existing responses from the provider (all edits REQUIRE provider approval at signature);
- Upload requested documentation, including CME information and awards; and

Because you, as a provider applying for medical staff, must attest to the accuracy and truthfulness of the application by your signature, the Authorized Administrator:

- cannot answer any Missouri and/or Illinois supplemental questions such as professional liability; military duty;
- cannot create your online signature;
- cannot sign any documentation with your online signature; and
- cannot submit your application for consideration by the hospital.

If you would like to designate an individual who will serve as your Authorized Administrator for your BJC HealthCare online medical/provider staff application, please provide:

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Administrator’s First and Last Name

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Administrator’s Email

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Administrator’s 10-Digit Phone

ATTESTATION: Regardless of any Authorized Administrator designation, I understand and agree that I will: (i) review the content and information contained in the online credentialing application; (ii) attest to the accuracy and truthfulness of the credentialing information submitted; (iii) remain responsible for the timeliness of the application’s submission; and (iv) sign all requested credentialing documents.

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Provider Signature

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Provider Printed Name

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Date