

CAQH Training

Please send the registration form to your Network Consultant at the fax number listed below for CAQH Training. *

- Missouri, Madison, Monroe and St. Clair counties in Illinois please fax **314-923-6602**.
- Other Illinois counties, Arkansas, Indiana, Tennessee or Kentucky please fax **314-925-6627**.

Attn Network Consultant: _____

Registrant Information

Name _____

Company/Organization _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____ E-mail _____

Although the session is offered as a training module, you will enter provider data directly on the CAQH Online Application System (OAS). Please be sure to review the CAQH Training Checklist for a list of items needed to complete the application.

Access to the Online Application System (OAS) requires a CAQH ID#. If a number has not been assigned, please provide the following information:
(If a CAQH ID# has already been assigned, please list provider name and CAQH ID# only)

Provider Information

Name _____ Title (MD, DO, DPM, DC) _____

Social Security# _____ Date of Birth _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____ E-mail _____

CAQH ID# *(if already assigned)* _____

* At this time we do NOT offer training to delegated or hospital based providers.