Real example: how I filled the PacificSource practitioner credentialing packet (PRV645)

Eric Richers, LPC, CADC III · CUTI LLC, Eugene, Oregon · solo telehealth counseling practice

Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from PacificSource (provider forms page) at https://pacificsource.com/providers.

What to notice

This is the payer's own credentialing form, filled 03/17/2025, a week after the LPC was issued. It repeats most of the OPCA: education, work history, liability, attestations. Where it differs is the directory questions on the first page. Asked whether to list you in the provider directories, the tempting reading is that it is optional housekeeping; if you want members to find you, that box is Yes.

The liability section asks claims-made or occurrence as two boxes. The two are different products, and the reviewer compares the tick to the certificate you attach; copy the coverage form line from the declarations page in force on the day you sign, not from memory.

Fifteen attestation boxes at the end, each one a separate initial. Then a signature and date; an unsigned packet is returned, not queued.

Practitioner

Name / credentials	Eric Richers, MA, LPC, CADC III
NPI / Tax ID	[NPI] / [EIN]
Specialty	Behavioral Health / Mental Health
Degree	MA
Practice status	Full time
Telehealth services offered?	Yes
List in provider directories?	No
Practice	CUTI LLC, [practice address], Eugene, OR

Licenses and certifications

Credential	Issuer	Number	Issued	Expires
LPC	OBLPCT	[license number]	03/2025	[date]
CADC III	MHACBO	[credential number]	03/2025	03/2027

Education and work history

Institution or employer	Degree or role	Dates
University of Oregon	BA, Sociology	2018 to 2020
Bushnell University	MA, Clinical Mental Health Counseling	2020 to 2022
[employer 1]	[position]	03/2016 to 02/2022
[employer 2]	[position]	03/2022 to 10/2024
CUTI LLC	Owner, counselor	01/2023 to present

Professional liability

Carrier / policy number	HPSO / [policy number]
Effective dates	[policy start] to [policy end]
Coverage type	Claims-made or occurrence, copied from the coverage form line of the current declarations page
Limits	one million per claim, three million annual aggregate

Attestations

- ☒ License never revoked, suspended, or restricted
- ☒ No Medicare / Medicaid sanctions or exclusion
- ☒ No malpractice judgments or settlements
- ☒ No DEA or CDS action (not applicable)
- ☒ No current substance use impairing practice
- ☒ Work history complete with gaps explained
- ☒ Authorization to verify with primary sources
- ☒ Agree to the plan's credentialing policies
- ☒ No pending disciplinary action
- ☒ No felony convictions
- ☒ No loss of hospital privileges
- ☒ Able to perform the essential functions of the position
- ☒ Liability coverage meets the plan's minimums
- ☒ Information true and complete
- ☒ Agree to notify the plan of any change

Signature	[signature]
Date	03/17/2025