American Board of Physician Specialties®

CredentialSmart Provider Instructions
Register

Existing Users Sign In Below:

Username: [YourUsername] Password: [YourPassword]

Username and Password are Case Sensitive

Username or password help

Go to: www.credentialsmart.net/abps

Click New User Account button
Register Provider

American Board of Physician Specialties®

Select “Register Provider”
New User Agreement

- Review the New User Agreement and select “I agree”
- Select Next
Registration

- Complete all **Bolded** fields
- Select your taxonomy and classification
- Enter a valid email address
- Click the Register button
Registration Confirmation

Registration completed successfully. Please check your email (ttokheim@aperturecvo.com) to retrieve your username.

If you do not receive the email from us, verify that your email address is correct and that you do not have any email filters that would prevent receipt of the email.

To change your email address and/or have the account information resent, resubmit:

```
@aperturecvo.com
Submit
```

Once you have received your registration confirmation email containing your username, you may login.

The web address is: https://www.CredentialSmart.net/

- You will see a confirmation screen reminding you to which email account your username has been sent.
- If you would like your username to be sent to a different email, enter it and click the Resubmit button.
- Note: You will receive an automated email from CredentialSmart with your username. Return to your internet browser by following the URL link included in the email and login.
Go to www.credentialsmart.net/abps
Enter your username and password
Account

- On the Account screen you can:
  - Update address information
  - Prepopulate Application Records
  - Update user information
    - Update password
  - Update Authorization Code
  - Select who can view, manage, or submit your data
Account

- Select your name (or the Provider’s name) on the upper right-hand side above “Page Help”
- Next, select the “Account” link.
In order for your clinic administrator to assist you in completing your application, we recommend that you authorize that clinic to manage your data electronically through CredentialSmart. You may do so by clicking “Select who can view, manage, or submit my data”

Select “Update Authorization Code” to establish your code for application submission which you will enter before you submit.
Add Provider Group

- After selecting “Select who can view, manage or submit my data” you will select “Add Provider Group”.
- Use the search function to find the Provider Group that you would like to manage your data for you.
- Note: The provider group must be registered before it will show in the search.
Add Provider Group

Continued

- After you have searched for your Provider Group, click on the group’s link and select “Yes” for “Is Primary”.
- This will allow the provider group to edit and change your application.
- Select Save.
- The provider group you selected will now be able to view and edit your application.
- Note: With your signed attestation, this provider group will be able to submit your application on your behalf.

Add Provider Group

Return to Summary

If you designate a group as Primary, they will have the ability to edit and change your information. Otherwise, they will only be able to view it.

Bold labeled fields are required.

Group:        Allergy & Asthma Specialty Clinic

Is Primary:  Yes  No

Save
Pre-Population of Provider Data (for Recertification)

Move the data already provided by ABPS into the provider’s record by following the instructions below.

- Go to www.credentialsmart.net/abps
- Login with your username and password.
Pre-Population

- Select your name (or the Provider’s name) on the upper right-hand side above “Page Help”

- Next, select the “Account” link.
Pre-Population

Select “Prepopulate Application Record”

Enter the following:
- Organization Code: 9347
- Population Code: Move2018

Select Continue
Confirm pre-population and any data will be populated into the record. You will then click “Application” on the top navigation bar to review and complete all categories on the left navigation menu.
Complete Your Application for Submission

- ABPS has streamlined your credentialing process for your convenience. This information does not need to be entered all at once and will be saved page by page (using the Save button at the bottom of each screen). Completing the data in the provider application does not constitute submitting the application. See: Submitting Your Application.

- The following pages will list the elements that need to be filled out before submission.
Applicants For Initial Certification
Choose Application Specialty

- Click Preferences (Step 3) on Left Navigation bar
Click “Add Credentialing Preference” to establish additional receivers for your application.

For existing preferences, click “View” to view and complete any additional documentation requirements for that organization. If there is no “View” button, that organization has not provided additional documentation requirements.
Enter “ABPS” in Partial Name field and leave all other fields blank and click Search.
Choose Specialty Name below

Search: Minimally enter State of the location or a partial name of the organization you wish to send to. If you are unsure of the Organization Type, leave it unselected.

<table>
<thead>
<tr>
<th>Organization Type:</th>
<th>Please Select ▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Name:</td>
<td>ABPS</td>
</tr>
<tr>
<td>State:</td>
<td>Please Select ▼</td>
</tr>
</tbody>
</table>

Select Page:
Am... Am Am Am

Select an organization to add to your Preference List:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Physician Specialties (ABPS)</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Administrative Medicine</td>
<td>Tampa, FL 33609</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>Tampa, FL 33609</td>
</tr>
<tr>
<td>Dermatology</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Disaster Medicine</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Family Medicine Obstetrics</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Hospital Medicine</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
<tr>
<td>Integrative Medicine</td>
<td>5550 West Executive Drive, Suite 400</td>
</tr>
<tr>
<td>Tampa, FL 33609</td>
<td></td>
</tr>
</tbody>
</table>
Confirm or Update Specialty
Answer “List Specialty in Directory?” Yes or No and click Save

<table>
<thead>
<tr>
<th>Specialty 1</th>
<th>Specialty 2</th>
<th>Specialty 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxonomy Type: Allopathic &amp; Osteopathic Physicians</td>
<td>Taxonomy Type: Please Select</td>
<td>Taxonomy Type: Please Select</td>
</tr>
<tr>
<td>Classification: Family Medicine</td>
<td>Classification: Please Select</td>
<td>Classification: Please Select</td>
</tr>
<tr>
<td>Specialty: Please Select</td>
<td>Specialty: Please Select</td>
<td>Specialty: Please Select</td>
</tr>
<tr>
<td>List Specialty in Directory?</td>
<td>Yes ☑ No ☐ List As: Specialist</td>
<td>Yes ☑ No ☐ List As: Please Select</td>
</tr>
</tbody>
</table>

If your certification application specialty is not listed (i.e. Administrative Medicine, Disaster Medicine, Family Medicine Obstetrics, Integrative Medicine, Urgent Care Medicine), choose the Classification that relates the closest to the specialty you trained in or currently practice. “List Specialty in Directory?” should be “No”.
Repeat process until all specialties are added under “Preferences (Step 3).
Required Document Completion under "Preferences"

- Click Preferences on left navigation bar.
- Click “View” next Organization

**Credentialing Preferences Summary**

Click "Add Credentialing Preference" to establish additional receivers for your application. For existing Preferences, click "View" to view and complete any additional documentation requirements for that organization. If there is no "View" button, that organization has not provided additional documentation requirements.

**American Board of Physician Specialties Credentialing Organizations**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Documents &amp; Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Physician Specialties (ABPS)</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>5550 West Executive Drive Suite 400 Tampa, FL 33609</td>
<td>View</td>
</tr>
</tbody>
</table>
Complete Additional Questions

Go to Step 2 “Additional Questions, click on the name that is underlined and answer all questions.
If you answer yes to any question, it will prompt you to explain.
Additional Required Documents

- Click Step 3
- Complete and upload all documents required for the type of application you are submitting.
Repeat until all additional documents are completed for all specialties which you are applying for.
Audit Mode (Step 1)

- Auditing mode allows your application to be formatted based on ABPS’s requirements. You will see green check marks and/or red X’s on your left-hand menu. You will need to update all elements with a red X before you can submit your application.
  - Click on Application at the top
  - Select “Audit Selection” under Step 1.
  - Select “American Board of Physician Specialties” from the first drop down and select the appropriate application type from the second drop down.
  - Select Save.

- **Note:** You must enable “Audit Mode” to ensure that all elements are accurately populated.
Audit Mode

- When you click on an element on the left-hand side that has a red X, you will see an “Audit” button on that page. If you click on the Audit button, a window will pop up telling you exactly what is missing.
- Complete the missing fields and select Save.
- Repeat this process for any other pages marked with a red X.

If a red error light (🔴) or a yellow warning light (⚠️) is remaining for this record type, please use the Audit button to check for missing elements.
Application
The items below are required

- Personal - demographic information including first and last name, SSN, home address, classification and specialty information
- General - primary degree
- Office Details - enter a minimum of 1 office location
- Affiliations- enter only if applicable
- Specialty - at least one specialty
- ID Numbers - NPI
- License - at least one active/non-expired state license in the state that corresponds to the office in Office Details (if more than one state exists in office details then an active/non-expired state license is needed for each state). All licenses should be classified as “State Healthcare License”.
- ECFMG (if applicable)
- Education - highest level of education
- Training - Internship, residency and fellowship
- Work History (if applicable to the eligibility requirements for certification)
- Preferences - A&R signed by provider must be uploaded prior to submission
- Adverse/Other Actions, Liability Cases, Insurance History, Criminal Cases, Medical Conditions, Substance Abuse, Investments (if applicable)
Send Application

Once all elements on the left menu have green checks, you can send the application.

- Click the Send Application link in Step 5 on the left menu.
- ABPS should already be checked
  - Select Next
Send Application

- Select any images that you wish to attach to the Application by selecting the check box to the left of the document you’d like to include then click the **continue** button.

### Document Selection List

<table>
<thead>
<tr>
<th>Receiving Organization</th>
<th>Type</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Physician Specialties (ABPS) Dermatology</td>
<td>Hospital</td>
<td>Family Medicine</td>
</tr>
</tbody>
</table>

Select any additional documents you would like to send along with your application by checking the box next to the document.

**Required documents have been pre-selected.**
Submit Application

- On the Billing Summary screen, select Confirm.
  - This screen will display $0.00 as and there will be NO charges owed to CredentialSmart.
  - You will receive an invoice directly from ABPS for your application fee, once your application has been successfully submitted.

### Billing Summary

1. **REVIEW AND PURCHASE** - Please review the charges that will be incurred below. Additional fees from the receiving organization may be charged to you outside this application process.

<table>
<thead>
<tr>
<th>Receiving Organization</th>
<th>Application Type</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABPS</td>
<td>Initial</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total Charges</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

[Confirm]
Provider Authorization

By entering your confidential Provider Authorization code, you are attesting that you have reviewed both the data in your application and the attestation.

- This is the legal equivalent to physically signing your application and as such legally binds you to your application.

- This is the code that was established from the “Account” link. If you forgot your code, select the “Forgot Code” link as seen below.

- Once you enter your code, select Submit Application.

Confirm Application Submission

Provider Authorization

I hereby certify that all the information on this application form is complete, true and accurate. I further agree to update this information as necessary so that it remains complete, true and accurate while my application is being processed.

By entering your confidential Provider authorization code below, you are attesting that you have reviewed both the data in your application and the attestation above AND you are electronically signing your application and attestation. This is the legal equivalent of physically signing your application and as such legally binds you to your application.

Please confirm and electronically sign the application submission and attestation by entering your confidential Authorization Code.

Provider Authorization Code:  

Enter any comments to send along with your application:

Submit Application
After you Submit Application, click **Send Status** on the left menu.

You will see that the application has been submitted.

---

**Send Status Summary**

**Most Recent Activity (Please see Status Detail for details)**

*For further information, contact the credentialing entity.*

<table>
<thead>
<tr>
<th>Status</th>
<th>Submission</th>
<th>Date Time (CST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>ABPS</td>
<td>11/14/2017 10:18:40 AM</td>
</tr>
</tbody>
</table>