U.S. Coast Guard Quick CCQAS' Guide for Providers Completing and Submitting Your Electronic Application (E-App)

Upon receipt of an automated CCQAS task email message advising of a 'Complete Application' task or at the request of the Credentials Manager:

1. Access CCQAS with a Common Access Card (CAC); the website is:

https://ccqas.csd.disa.mil, select the Logon button

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- 2. Next Screen- Privacy Act Statement; read and click the appropriate button
- 3. Next Screen-Mandatory DoD Notice and Consent Banner; read and click OK

4. Next Screen-U.S. Department of Defense Military Health System; click on the CAC ACCESS, then enter you CAC password when prompted (First-time CCQAS users will see a Security Briefing. Review page, select the Yes, I understand... radio button and the Submit button at the bottom of the page. (A username and password might be requested; use as needed))

5. Work List Tab- double click the first task listed. You may also use the right mouse button to open the application. (Once an E-App has been completed and submitted by you, it will appear under the **Application tab** in a pending status.)

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6. Provider's application-The gray menu on left side of screen contains sections required to complete and submit your E-app: Note all sections with a Red
Asterisk*- are required fields to be completed prior to the electronic signature. The Save button must be selected each time to move forward with the application.
Green check will appear when section has been completed

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7. Profile and Position tabs- Profile tab- verify information for accuracy;

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Position tab-if privileged provider (physician, allied health, dentist, nurse practitioner), click on drop down menu next to **Provider Category**, and select category. **Are you requesting privileges at this time?** Select **Yes**. **Type of Privileges Requested**-Select **Regular**. **Type of Appointment Requested**-Select **Active** (if this is your first application or you have not held privileges with the Coast Guard for more than 180 days-**Select Initial Active**). Check the box adjacent to the existing UIC: CGHQ; click the Save button. (Upon completion the system will automatically add a Privileging tab to the left in the grey menu.)

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8. Select **professional category**; i.e. Physician-select two specialties: General Medical Officer (represents the primary care medicine practiced in the Coast Guard clinics) and Family Medicine, Internal Medicine, Flight Surgeon, per your specialty(ies)); click the **ITEMIZE** button for each specialty chosen, then the Save button. (Note: The Coast Guard does not require Age Groups to be completed)

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Once the Save button has been clicked, each privilege specialty will appear. Refer to the **Helpful Links** on the CG-1122 website for Coast Guard supported privileges: http://www.uscg.mil/hq/cg1/cg112/cg1122/Privilege_Provider.asp

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9. When requesting privileges, click **Fully Competent** for all Coast Guard core privileges, per privileges under Helpful Links (CG-1122 Website). If requesting Supplemental privileges, training and/or on the job experience must be documented and provided with request for privileges. The facility also must be able to support the supplemental privilege, which can be determined through the Senior Medical or Senior Dental Executive for the clinic

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- 10. Identification tab- prepopulated section, check for accuracy
- 11. Contact Information check for accuracy

12. License/Certification/Registration – check for accuracy; add any additional information

13. DEA/CDS - check for accuracy; add any additional information

14. Education/Training - check for accuracy; add any additional information

15. Specialty - check for accuracy; add any additional information

16. Affiliation - not mandatory field

17. **Continuing Education** – not mandatory field; add CE if related to supplemental privileges

18. Contingency Training - check for accuracy

19. **Practice History Questions** – all 8 questions must be answered; any question answered with **Yes**, must be explained in Comments section, right of the question or system will prompt with a box

20. Health Status Questions - all 7 questions must be answered; any question answered with Yes, ONLY PUT YOUR PHONE NUMBER IN THE COMMENT BOX WITH NO DETAILS; follow-up by Op-Med Chief

21. **Reference Section** – two current work references; one must be a supervisor and the other can be a peer; include **email address** for each reference; make sure to click the **Yes button** when asked if **reference is current** 22. Work History – contains malpractice information (if Active duty, covered under Federal Tort) and past work history from qualifying degree. Information uploaded is not necessarily reflected of your work history. CCQAS was not able to capture each history fully. If there are any gaps, signaled by a Yellow Diamond, click the Icon and provide reasoning. (Because of the inaccuracy of the work history uploaded, you can make a statement that there have been no work gaps greater than 30 days since receiving your qualifying degree, if applicable)

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23. **E-Signature** – Attestation statement, answer all 9 questions, either yes or no; comment must be made for any No responses. Upon completion of the Attestation statement, you must agree to the terms stated

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CCQAS will allow application review prior to submission. Once submitted, you will receive a pop up window that your application has been submitted successfully. The system sometimes takes a while to generate the application. Be patient, do not click the Agree button more than once, this will generate duplicate applications.

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Instructions Profile Postion * Settification * Contact Information * Contact Information * Contact Information * Contact Information Contact Information Continuing Education Continuing Education Continuing Education	Advectation Statement Icentry that (crick appropriate loss for each paragraph) I) All information stantified by ne in this application is true to the best of my innoviedge and belef. Lunderstand any false or incomplete information innovingly provided on or with this application may be grounds for not engliping or accessing re, or to damating or releasing ne II in a deady engliping or accessing re, or to damating or releasing ne II in a deady engliping or accessing re, or to damating or releasing ne II in a deady engliping or accessing releasing ne II in a deady engliping or accessing releasing ne II in a deady engliping or accessing releasing ne II in a deady engliping or accessing releasing and II in a deady engliping or accessing releasing and II in a deady engliping or accessing releasing and II in a deady engliping or statil appointment with clickal privileges as requested. I) have be provided a corpt or access the professional statif pakies, procedures, and bylews of the facility and in apportunity to read those documents. Lagree to comply with the professional statif pakies, I) have no current mental or physical impairment that could limit my clinical ability or performance. I) lipidge to provide the corpting authority and my clinical ability or performance. I) lipidge to provide the continuous of care for my patients. I release automating authority and my clinical ability or performance. To my knowledge, I an not currently under Investigation involving substandard clinical practice, magnetice, or personal misconduct.	P Yes C No D P Yes C No D P Yes C No D P Yes C No D C Yes C No D C Yes C No D P Yes C No D P Yes C No D
Headth Status Quest. * Reference * Neterh Status Quest. * Neterhouse (N88907) * Nock History Privileges (N88907) * Documents Summary Report Connents Application Packet	9) Administrators and members of the professional staff of Irelease from liability al individuals or organizations who re- Signature Connerts: Connerts: Agree IAgree IAgree IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	© Yes C № D

After successfully being submitted, the application will move from the **Work List tab** to the **Applications tab**. Once the application has been submitted, it is locked; it can only be viewed. (Application can be saved and printed for future reference.)

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O To request a modificat are not expired can be m	on of privileges, find the completed odified.	application that you would like to modify and	select "Request Mod	fication" from the menu by clickin	ig the arrow to the left of	(the record or right clicking any	where on the record.	Only applications that h	ave been approved an
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If application needs to be returned for errors or missing information, Credentials Manager will return with section(s) unlocked for corrections.

Questions/assistance can be sent to <u>Maryann.Millett@uscg.mil</u>