

Allegiance Provider Direct Credentialing Documents Requirements – Type II

For Represented Providers who are non-physician acupuncturists, naturopaths, physical therapists, speech therapists, occupational therapists and other allied health practitioners:	
	Signed Credentialing Application
	Signed Allegiance Participation Agreement on file
	ECFMG (Education Commission on Foreign Medical Graduates) if applicable
	Copy of Diploma for Professional Education
	Copy of Professional Liability Insurance
	Up to date Curriculum Vitae or Resume (not to substitute for completing the application)
Please return these documents to:	
Allegiance Provider Direct	
P.O. Box 3018	
Missoula, MT 59806	