

UCSF-BCH Oakland Credentialing Application Protocols

Through the UCSF-BCH Oakland Credentials Verification Organization (CVO) agreement, initial and recredentialing applications for any facilities identified in the chart below will be managed by the UCSF Office of Medical Affairs & Governance ([OMAG](#)). Please review the following protocols pertaining to pre-applications and credentialing applications.

Facilities	UCSF Medical Center (Parnassus, Mount Zion, and Mission Bay) Benioff Children’s Hospitals (BCH San Francisco, BCH Oakland, Walnut Creek Ambulatory Surgery Center) Langley Porter Psychiatric Hospital UCSF School of Dentistry UCSF School of Nursing UCSF School of Pharmacy UCSF Clinically Integrated Network (CIN) UCSF Benioff Children’s Physicians (UBCP)
Pre-Applications	Administrative liaisons must submit pre-applications for any new providers who will need to be credentialed via the UC Me portal. All applicable facilities should be selected to ensure the appropriate forms are included with each provider’s credentialing application. The credentialing timeline calculator is a helpful tool in determining how far in advance pre-applications should be submitted based on a provider’s expected start date.
Credentialing Applications	Once pre-applications have been processed, new providers will receive an e-mail notification to submit their credentialing application via the UC Me portal. Correspondingly, providers who are due to be recredentialed will receive a similar e-mail notification to submit their recredentialing application via the UC me portal.

Important Reminders

- The pre-application is fundamental to the credentialing process. All applicable facilities for new providers must be selected within their pre-applications.
- The overall credentialing process (including hospital privileging, committee approvals, and other related process) can take an upward of 60-90 days after providers have submitted their credentialing applications. Providers should be assiduous in promptly submitting their credentialing applications to avoid any delays to their expected start dates.
- Unless stated otherwise, providers’ recredentialing dates will be aligned across multiple facilities to allow them to complete a single recredentialing application every 2 years. Providers should be mindful of any shortened recredentialing timeframes.
- Graduate trainees (i.e., chief residents, fellows, etc.) who will be working in a capacity with independent hospital privileges must also go through this same credentialing process. Administrative liaisons may need to coordinate with the respective UCSF and BCH Oakland Graduate Medical Education (GME) offices in advance to initiate graduate trainees’ credentialing processes through the submission of UC Me pre-applications.
 - [UCSF GME Office](#)
 - [BCH Oakland GME Office](#)

- For UCSF initial applicant chair letters, providers' start dates and primary practice locations should be carefully specified as such information will be utilized in verifying when and where providers need to be credentialed. [Click here for example template.](#)
- New providers who will be credentialed at BCH Oakland must exhibit an UCSF certificate of insurance (COI) as proof of liability insurance coverage in order to complete their credentialing process. Please refer to the next document on how to submit an UCSF COI request.
- Hospital privileging, committee approvals, and any other related processes will remain with each facility.

Please find the attached instruction guide for Alliant. I've also included links to the Alliant website and additional instructions. Most important, Alliant does not work with Internet Explorer. You should use Firefox or Google Chrome.

Please reach out to me if you have any problems accessing the website.

Instructions:

***Please make sure you choose "*University of California, San Francisco Medical Center*" as location.

Below is the link to the landing page and other essential tips for using the program.

<https://ucinsurancecert.alliant.com/Pages/Landing.aspx> (SAVE THIS LINK TO YOUR FAVORITES)

The log in will be your MYAccess log in.

PLEASE NOTE:

All departments should keep a hard copy of the certificate on file.

The program does not currently work with Internet Explorer.

Instruction Tips: (reference page 3 in the 2nd section)

Requestor Location: "University of California, San Francisco Medical Center." If you do not choose this option your department will not appear in the next menu, "Requestor's Department."

Date Certificate needed: 1st day of rotation/privileges
(reference page 4, Certificate Holder Information)

Contract Expiration: only needed if contract associated**

Certificate Expiration: last day of rotation/privileges (renewed annually 7/1/15-6/30/16)

**PLEASE NOTE: Contracts/Agreements vary in length, however for insurance tracking purposes all certificates can only be issued for a 1 year period but renewed each year until expiration of contract/agreement.

(reference page 4, Justification)

Contract/affiliation/service agreement name or number: Please use "Non-applicable" if there is none associated with request.

**UC CERT
Certificate of Insurance
Request Portal**

**Training Overview for
UCSF Medical Center**

Overview

- Introduction by Susan Penney/Dina O'Reilly, Risk Management
- - Accessing the Alliant Certificate Portal (UC CERT)
- - Process for Requesting a Certificate
- - Process for Reviewing and Approving a Submitted Request
- - Risk Management Contacts for Rush Request
- - Submitting a Help Ticket
- - Question and Answer Session

Accessing the Alliant Certificate Portal

Access the UC Certificate Request Portal using this URL:

<https://ucinsurancecert.alliant.com/Pages/Landing.aspx>

For best results, please use Google Chrome.

Log-In Process - 1

InCommon®

ermisp.ucop.edu

Select your School, Organization, or Identity Provider:

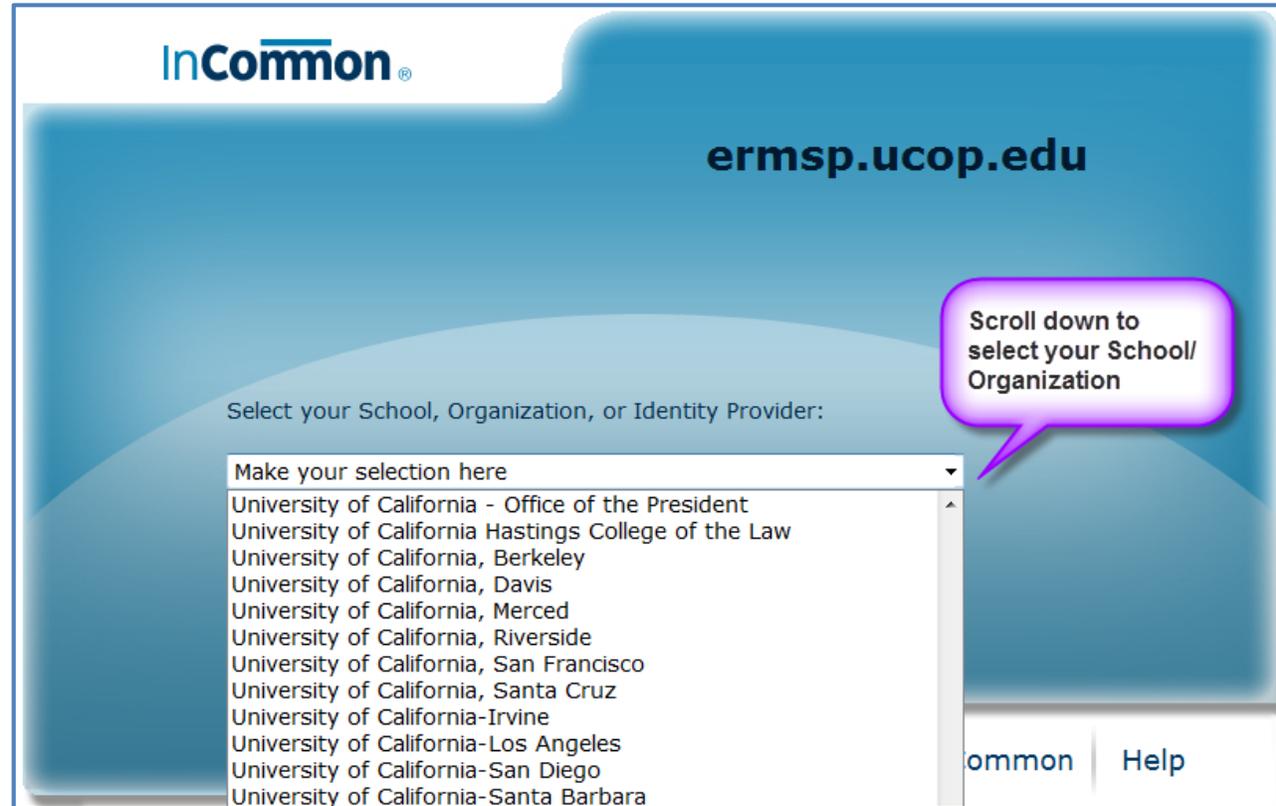
Make your selection here

- Do not remember my selection
- Remember my selection for this session only
- Remember my selection permanently

[About InCommon](#) | [Help](#)

Select your School / Organization from the drop-down menu and click the 'Next' button

Log-In Process - 2



The screenshot shows the InCommon login interface for the URL `ermisp.ucop.edu`. The page features the InCommon logo in the top left corner. Below the logo, the text "Select your School, Organization, or Identity Provider:" is displayed. A dropdown menu is open, showing a list of options starting with "Make your selection here" and followed by various University of California entities. A purple callout bubble points to the dropdown menu with the text "Scroll down to select your School/ Organization". At the bottom right of the page, there are links for "ommon" and "Help".

InCommon®

`ermisp.ucop.edu`

Select your School, Organization, or Identity Provider:

- Make your selection here
- University of California - Office of the President
- University of California Hastings College of the Law
- University of California, Berkeley
- University of California, Davis
- University of California, Merced
- University of California, Riverside
- University of California, San Francisco
- University of California, Santa Cruz
- University of California-Irvine
- University of California-Los Angeles
- University of California-San Diego
- University of California-Santa Barbara

ommon | Help

Log-In Process - 3

UCLA LOGON

Sign in with your University Logon ID and Password

Sign In

UCLA Logon ID ([Get a Logon ID](#))

Password ([Reset your password](#))

Sign In > [Help](#)

[Privacy, Security & Legal](#) | Loaded: Wed, 29 Apr 2015 10:44:13 -0700

Once the user signs in with their University of California email and password, they will be redirected to the Alliant Insurance Services certificate of insurance request site ("Alliant site").

Landing Page

Welcome to the University of California Certificate Request Portal

Please select the type of certificate needed from below.



Professional Liability – Individual

Select



Professional Liability – Institution

Select



Professional Liability (Non-Medical)

Select



General / Automobile

Select



Property

Select



Workers' Compensation

Select

Selecting Certificate Type

To access the Professional Liability-Individual form, click the **Select** button beneath the associated image as shown below.



Click **Select**.

Certificate Request Form - 1

UNIVERSITY OF CALIFORNIA

GENERAL INFORMATION

*required field

Requestor's Name:*

Requestor's Location:*

Requestor's Department:*

Date Certificate needed (mm/dd/yyyy):

CERTIFICATE HOLDER INFORMATION

Certificate Holder Entity Name:*
(Institution or facility that certificate will be issued to)

Certificate Holder Contact Name:*

Once you select the type of certificate you need, a new window will open up with the correct form to complete

Your Location and Department Selection

GENERAL INFORMATION

*required field

Requestor's Name:*

Alliant Employee

Requestor Email cc:



Requestor's Location:*

University of California, San Diego Medical Center
University of California, San Francisco
University of California, San Francisco - Fresno
University of California, San Francisco Campus Health
University of California, San Francisco Medical Center

Requestor's Department:*

Institute for Neurodegenerative Diseases
Laboratory Medicine
Medical Education, UME
Medicine
Microbiology and Immunology

Certificate Effective Date (mm/dd/yyyy):

4/8/2019

In order to correctly request a Professional Liability certificate, you must select the **Medical Center** location from the Requestor's Location list. If you make any other selection, your request will not route correctly through the review/approval process and be rejected.

Certificate Holder Information

UNIVERSITY OF CALIFORNIA

CERTIFICATE HOLDER INFORMATION

Certificate Holder Entity Name:*
(Institution or facility that certificate will be issued to)

SELF-EXPLANATORY

Certificate Holder Contact Name:*

SELF-EXPLANATORY

Certificate Holder Address:*

SELF-EXPLANATORY

Certificate Holder City:*

SELF-EXPLANATORY

Certificate Holder State:*

SELF-EXPLANATORY

Certificate Holder Zipcode:*

SELF-EXPLANATORY

Certificate Holder Contact Email:*

SELF-EXPLANATORY

Certificate Holder Contact Phone:

IF ENTERED, FOLLOW FORMAT

Certificate Holder Contact Fax:

IF ENTERED, FOLLOW FORMAT

Send a copy to certificate holder:

Yes No

Send a copy of the certificate to the following email(s):
Multiple addresses must be separated by a comma.
Ex: jdoe@acme.com, jane@abc.com:

SELF-EXPLANATORY

Send a copy of the certificate to the following fax(es):
Multiple fax numbers must be separated by a comma.
Each fax number must have 10 digits and be formatted as
123 456 7890 or (123) 456-7890

IF ENTERED, FOLLOW FORMAT

Contract Expiration (mm/dd/yyyy):
[If expiration date is BEFORE fiscal year end]

SELF-EXPLANATORY

Certificate Expiration (mm/dd/yyyy):
[Date will adjust to contract expiration above, if different]

DEFAULTS TO POLICY EXPIRATION DATE

Renew this certificate?

Yes No

Required fields are marked with an *, and are fairly self-explanatory. If you enter a contact phone number or fax number, enter the entire 10 digits - format as 123 456 7890 or (123) 456-7890.

Send a copy to certificate holder: defaults to No. Be sure to click Yes circle if you want Alliant to send a copy of the certificate to the certificate holder.

By default, all certificates will expire at policy expiration date, unless a contract expiration date is entered, which will become the certificate expiration date (if prior to policy expiration date).

Justification

JUSTIFICATION

Please specify contract/affiliation/service agreement name or number.*

is the purpose for other than clinical purposes? Yes No

Is there a written agreement with a non UC facility for services being provided? Yes No

Please explain University purpose for which certificate is requested (e.g. patient care at affiliated teaching institution, community service, education – includes teaching and supervision of University residents, etc.) and how it relates to the University mission and business goals.*

All starred* fields are required.

Specify contract/affiliation/service agreement name or number:*

Enter both the name and number, if you have both.

Please explain University purpose for which certificate is requested:*

Explain the purpose for which the certificate is requested.

Institution Information

PLEASE CHECK HERE IF NON-MEDICAL	<input type="checkbox"/>
Institution where work is to be performed (if different from certificate holder):*	<input type="text"/>
Institution Address:*	<input type="text"/>
Institution City:*	<input type="text"/>
Institution State:*	<input type="text"/>
Institution Zipcode:*	<input type="text"/>

Non-Medical

Check the box if requested certificate is Non-Medical.

All starred* fields are required.

Clinician Names

Please provide Clinician Full Name / Employee ID / Designation in the space below (One required*) Issue as roster of clinicians on certificate (Same end date for all clinicians listed)

Clinicians First Name(s)	Clinicians Last Name	Employee ID	Designation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter information in each field. *Designation is title (i.e. MD, NP, etc.)

You may enter up to four (4) clinicians per request.

Clinical Activity Information

Clinical activity information (check all that apply)

Medical Diagnostic / Therapeutic Consultation

On-Call Coverage

Invasive Diagnostic Intervention

Other

How often will the requesting clinician be performing clinical activity at a non UC facility?

Will the requesting clinician be the attending of record at a non UC inpatient facility? Yes No

Will Fellows, Residents or Medical Students participate in patient care? Yes No

Limits & Requesting Different Limits

LIMITS	
Medical Malpractice/Professional Liability - Individual	
These are the standard limits	
Each Occurrence Limit:	\$1,000,000
Aggregate Limit:	\$3,000,000
Do you require limits that are different than the above standard limit? Please note the required limits to the right and attach any insurance requirements in the space below.	<input type="text"/>

For limit requests other than \$1/3 million, please attach a contract as shown on the next page. If you are unable to attach a contract, please contact Risk Management to discuss.

Attaching Files and Relevant Information

Please attach any document(s) here:

Select Files To Upload...

Please note any relevant information not requested elsewhere here:

Please Note: This request will be automatically emailed to the approver for your location. If this certificate should be issued on a "Rush basis" you should also contact the approver to be sure they received your request.

Submit

Attach any necessary documents, and note any relevant information not requested elsewhere in the space provided.

File limitations

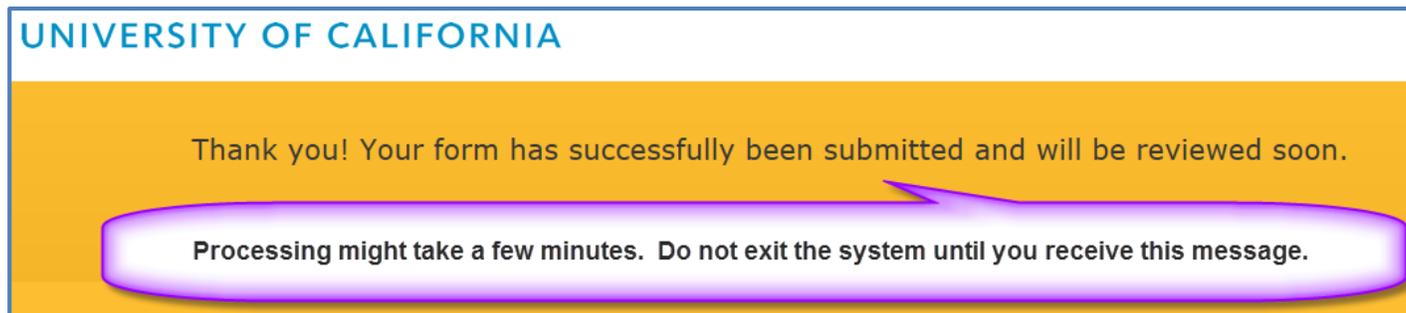
A maximum of four files total may be attached, not exceeding five megabytes per file, 20 megabytes maximum. Unsupportable file types include .wmv, .exe, .gif.

Submitting your Request

After you have completed the request and attached any files, you may click the **Submit** button.

DO NOT LEAVE THE PAGE UNTIL YOU SEE THE MESSAGE BELOW.

If you do so, your request will not be processed.



Email Notification on Submission

**University of California - Certificate of Insurance Request Submitted
Successfully**

NoReply@Alliant.com

Sent:

To:

This is a sample email you will receive
once the request has been SUBMITTED

Hello,

We have received your certificate request and it has been forwarded to the approver for review. You will be advised if additional information is needed to complete your request.

Thank you!

University of California,
Risk Management Services

Please check your email Junk or Spam folders as some notifications are being incorrectly marked as spam. Please contact the UCSF Medical Center Risk Management Team for assistance.

Email Notification on Approval

University of California - Certificate of Insurance Request Approved

NoReply@Alliant.com

Sent:

To:

This is a sample email you will receive
once the request has been APPROVED

Your certification request has been approved. You will be contacted by your University of California Risk Management representative with all details and documentation shortly. For any questions please contact your local UC Risk Services teams at your local campus or medical center. See site links below for details.

Campus: <http://www.ucop.edu/risk-services/staff-contacts/campus-risk-managers/index.html>

Medical Center: <http://www.ucop.edu/risk-services/staff-contacts/medical-center-risk-managers/index.html>

Thank you!

University of California,
Risk Management Services

Email Notification on Rejection

University of California - Certificate of Insurance Request Denied

NoReply@Alliant.com

Sent:

To:

This is a sample email you will receive if the request has been DENIED

Hello,

Your certificate request has been denied. Please review below for details and resubmit your request with the corrected/missing information.

Contract not attached.

For any questions please contact your local UC Risk Services teams at your local campus or medical center. See site links below for details.

Campus: <http://www.ucop.edu/risk-services/staff-contacts/campus-risk-managers/index.html>

Medical Center: <http://www.ucop.edu/risk-services/staff-contacts/medical-center-risk-managers/index.html>

Thank you!

University of California,
Risk Management Services.

Overview of Review/Approval Process

- *Review process to review and/or approve a certificate of insurance request submitted through UC CERT portal.*

Email Notification for Review / Approval

University of California - Certificate of Insurance Request
NoReply@Alliant.com
Sent:
To:

This is a sample email you will receive when a request needs reviewed and/or approved/rejected

Please review and approve/reject the attached certificate request. from the following individual/location:

REQUESTOR'S NAME HERE, FOLLOWED BY THE LOCATION

You may complete this action by accessing the administrative page through the following link: [click here.](#)

Please check your email Junk or Spam folders as some notifications are being incorrectly marked as spam. Please contact the UCSF Medical Center Risk Management Team for assistance.

Log-In Process



The screenshot shows the UCLA Logon interface. At the top left, there is a blue box with the text "UCLA" in white, followed by the word "LOGON" in a larger, grey font. Below this, the heading "Sign In" is displayed in bold black text. Underneath the heading are two input fields: the first is labeled "UCLA Logon ID" with a blue link "(Get a Logon ID)" to its right, and the second is labeled "Password" with a blue link "(Reset your password)" to its right. Below the input fields is a blue button with the text "Sign In >" in white, and a blue link "Help" to its right. A purple callout bubble with a white border and a pointer to the input fields contains the text "Sign in with your University Logon ID and Password". At the bottom left of the page, there is a small link "Privacy, Security & Legal" and a timestamp "Loaded: Wed, 29 Apr 2015 10:44:13 -0700".

UCLA LOGON

Sign In

UCLA Logon ID ([Get a Logon ID](#))

Password ([Reset your password](#))

Sign In > [Help](#)

[Privacy, Security & Legal](#) | Loaded: Wed, 29 Apr 2015 10:44:13 -0700

Once the user signs in with their University of California email and password, they will be redirected to the Alliant Insurance Services certificate of insurance request site ("Alliant site").

Landing Page

Click on the Administration Button in the upper right corner

Welcome to the University of California Certificate Request Portal

Please select the type of certificate needed from below.



Professional Liability – Individual

Select



Professional Liability – Institution

Select



Professional Liability (Non-Medical)

Select



General / Automobile

Select



Property

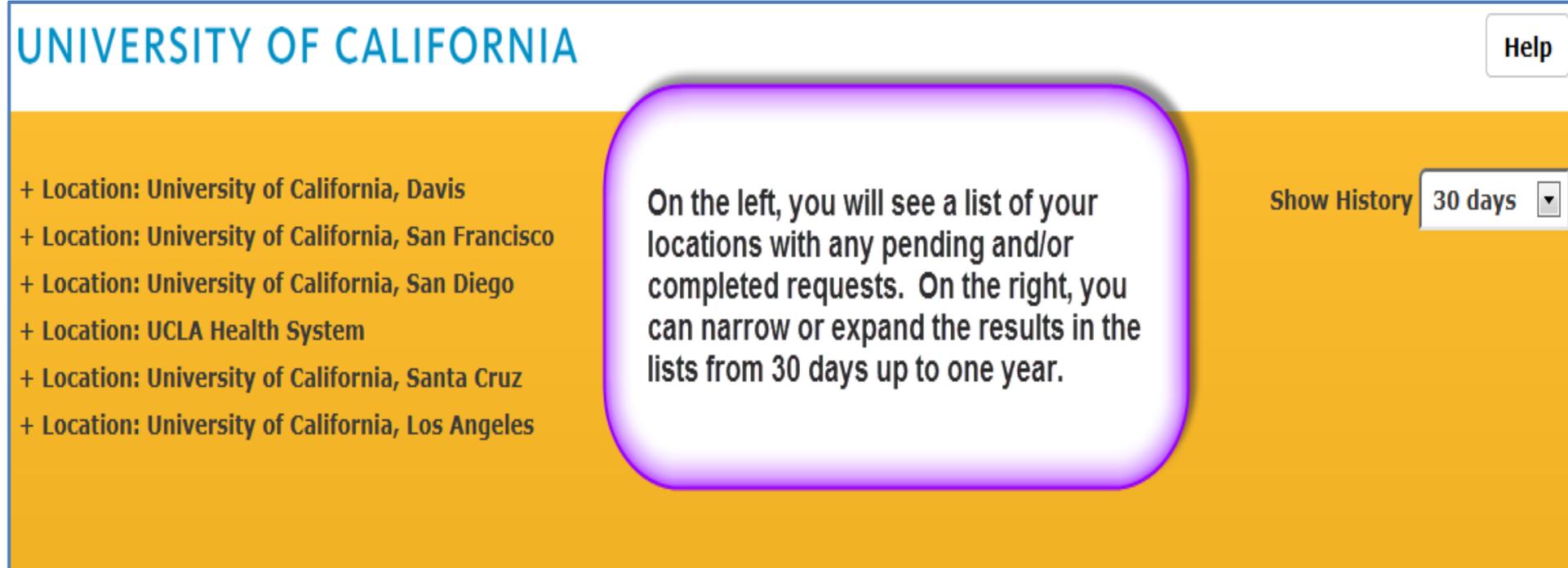
Select



Workers' Compensation

Select

Accessing Items for Review



The screenshot shows a web interface for the University of California. At the top left, the text 'UNIVERSITY OF CALIFORNIA' is displayed in blue. In the top right corner, there is a 'Help' button. Below the header, there is a list of locations on the left side, each preceded by a plus sign. On the right side, there is a 'Show History' label followed by a dropdown menu currently set to '30 days'. A purple rounded rectangle highlights the central text area.

UNIVERSITY OF CALIFORNIA Help

- + Location: University of California, Davis
- + Location: University of California, San Francisco
- + Location: University of California, San Diego
- + Location: UCLA Health System
- + Location: University of California, Santa Cruz
- + Location: University of California, Los Angeles

On the left, you will see a list of your locations with any pending and/or completed requests. On the right, you can narrow or expand the results in the lists from 30 days up to one year.

Show History 30 days ▾

Selecting Items for Review

UNIVERSITY OF CALIFORNIA Help

+ Location: University of California, Davis Show History 30 days ▾
+ Location: University of California, San Francisco
+ Location: University of California, San Diego
+ Location: UCLA Health System
+ Location: University of California, Santa Cruz
- Location: University of California, Los Angeles
 + Department: Arthur Ashe Student Health & Wellness Center
 + Department: Insurance & Risk Management
 - Department: Counseling & Psychological Services

Status	Requestor	Department	Location	Policy Type	Requested Date
Pending Review	Requestor's Name Here	Counseling & Psychological Services	Location Here	Policy Type Here	Date Here

For pending requests, click the 'Pending Review' link

Reviewing a Pending Request

+ Location: University of California, Davis Show History 30 days

GENERAL INFORMATION

*required field

Requestor's Name:*

Requestor's Location:*

Requestor's Department:*

Date Certificate needed (mm/dd/yyyy):*

CERTIFICATE HOLDER INFORMATION

Certificate Holder Entity Name:*(Institution or facility that certificate is for):*

Certificate Holder Contact Name:*

Certificate Holder Address:*

Certificate Holder City:*

Certificate Holder State:*

Certificate Holder Zipcode:*

Once you click 'Pending Review', the completed form will open in a new window. After reviewing the form, you can take action.

For REVIEWERS, the Approve button below will show as Review.

For APPROVERS, the button will show as Approve.

Approve Reject Cancel

Attachments

The screenshot shows a dialog box titled "Attachments". On the left side, there is a list of attachments, with the first item being "Place Holder.pdf". A purple callout bubble points to this list and contains the text: "If there are uploaded attachments to the request, they will be listed on the left under the Attachment section at the bottom." At the bottom of the dialog, there are three buttons: "Approve" (green), "Reject" (red), and "Cancel" (white). The footer of the dialog contains the text "©2000-2015 Alliant Insur...".

Rejection of a Request

California, Davis Show History

Rejection notes to requestor:

Reject Cancel

If you reject a request, a new window will open where you can notate why the request was rejected. The rejection notes will be included in the 'Denied' email that is automatically sent to the requestor.

Final View of list after Review

UNIVERSITY OF CALIFORNIA Help

+ Location: University of California, Davis Show History 30 days ▾
+ Location: University of California, San Francisco
+ Location: University of California, San Diego
+ Location: UCLA Health System
+ Location: University of California, Santa Cruz
- Location: University of California, Los Angeles
 + Department: Arthur Ashe Student Health & Wellness Center
 + Department: Insurance & Risk Management
 - Department: Counseling & Psychological Services

Status	Requestor	Department	Location	Policy Type	Requested Date
Approved	Requestor's Name Here	Counseling & Psychological Services	Location Here	Policy Type Here	Date Here
Rejected	Requestor's Name Here	Counseling & Psychological Services	Location Here	Policy Type Here	Date Here

As requests are reviewed and approved or rejected, the status will update accordingly once you refresh your window.

Resources

If you should have any questions on a Professional Liability request or need the certificate on a rush basis, please contact the UCSF **Medical Center** Risk Management Team as below:

Cresini David	Cresini.David@ucsf.edu
Dina O'Reilly	Dina.O'Reilly@ucsf.edu
Susan Penney	Susan.Penney@ucsf.edu

Office: (415) 353-1842

Department Pager: (415) 443-2284

If you should have any questions on a General Liability request, please contact UCSF Risk Management and Insurance Services (RMIS) at (415) 476-2498 for assistance.

Accessing Support and Information

UNIVERSITY OF CALIFORNIA

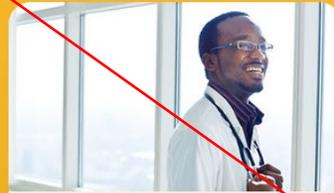
mleavell@alliant.com - View All

Administration

Welcome to the University of California Certificate Request Portal

Please select the type of certificate needed from below.

Click on Support and Information
in the lower right corner



Professional Liability - Individual

Select



Professional Liability - Institution

Select



Professional Liability (Non-Medical)

Select



General / Automobile

Select



Property

Select



Workers' Compensation

Select

What's available there...

- Keyword search for more information
- Knowledge Base containing documentation arranged by topics
- Submit a support ticket. This is the preferred method to communicate system issues to the IT Team. You will be asked if you would like to register in the support system. This is not necessary but will allow you to easily track your issues through to resolution.

Support and Information Landing Page

The screenshot shows the Alliant UC Certificate Request Portal Support landing page. The page has a blue header with the Alliant logo and the text "UC Certificate Request Portal Support". In the top right corner, it says "Welcome Myron Leavell" and "Edit profile - Sign out". Below the header is a navigation bar with "Home", "Solutions", and "Tickets" links. The main content area starts with a search bar and a "SEARCH" button. To the right of the search bar are two buttons: "+ New support ticket" and "Check ticket status". Below the search bar is a "Knowledge base" section. The knowledge base is titled "UC Certificate of Insurance Request Tool" and is divided into four columns of links. The first column is "Access (2)" with links for "Log In" and "Log Out". The second column is "Certificate Types (6)" with links for "Professional Liability - Individual", "Professional Liability - Institution", "Professional Liability - (Non-Medical)", "General/Automobile", and "Property", plus a "See all 6 articles" link. The third column is "Search and History (3)" with links for "Clinician Search", "Show History", and "Certificate Sort". The fourth column is "User Roles (6)" with links for "Requester", "Reviewer Level 1", "Reviewer Level 2", "Approver", and "Reviewer/Approver", plus a "See all 6 articles" link. Below the "User Roles" column is an "Administration Page (8)" section with links for "Location List", "Department List", "Certificate List", "Certificate Status Types", and "Certificate Review Process", plus a "See all 8 articles" link.

Alliant UC Certificate Request Portal Support Welcome Myron Leavell
Edit profile - Sign out

Home Solutions Tickets

How can we help you today?

Enter your search term here... SEARCH

[+ New support ticket](#)
[Check ticket status](#)

Knowledge base

UC Certificate of Insurance Request Tool

Access (2)

- [Log In](#)
- [Log Out](#)

Certificate Types (6)

- [Professional Liability - Individual](#)
- [Professional Liability - Institution](#)
- [Professional Liability - \(Non-Medical\)](#)
- [General/Automobile](#)
- [Property](#)
- [See all 6 articles](#)

Search and History (3)

- [Clinician Search](#)
- [Show History](#)
- [Certificate Sort](#)

User Roles (6)

- [Requester](#)
- [Reviewer Level 1](#)
- [Reviewer Level 2](#)
- [Approver](#)
- [Reviewer/Approver](#)
- [See all 6 articles](#)

Administration Page (8)

- [Location List](#)
- [Department List](#)
- [Certificate List](#)
- [Certificate Status Types](#)
- [Certificate Review Process](#)
- [See all 8 articles](#)

Sample Support Ticket

Alliant UC Certificate Request Portal Support Welcome Myron Leavell
Edit profile - Sign out

Home Solutions Tickets

How can we help you today?

Enter your search term here...

[+ New support ticket](#)
[Check ticket status](#)

Home / Tickets list

This ticket has been Closed since 21 hours 51 minutes [Reply](#)

#50 UCLA Campus Request Issue

 **Myron Leavell**
reported 13 days ago

Attached is the original error message and the attachment that caused the issue. The attachment is 5 mb which is the upper limit.

As this is the complete contract and it is to be attached to the request through the portal, I am going to suggest splitting the document into twoparts as a possible solution.

Please let me know if other questions or concerns.

Myron
415-403-1404

 Certificates... (43.5 KB)  LACounty_Adv... (4.82 MB)

Agent Working on This Ticket

 **Stephen Nelson**
Sr Business Systems Analyst

Customer survey

How well did our customer service representative answer your question or solve your problem?

Awesome Just Okay Not Good

Ticket details

Status
This ticket has been Closed

Annual COI Renewal Process

- You'll be receiving a certificate holder renewal spreadsheet specific to your department. It will include complete instructions on how to complete the review and update process.
- Please review each entry and confirm whether or not it should be renewed, updating any other information as needed. At this time, also add any new clinicians beginning service in the upcoming fiscal year.
- Once complete, please send one reviewed and updated certificate holder renewal spreadsheet per department to cresini.david@ucsf.edu for processing by **May 15, 2019**.
- Renewed certificates will be posted on AlliantConnect in the 2018-19 folder for your department and be available for download by **June 10, 2019**.

Recap Checklist

- ✓ Select correct internet browser
- ✓ Select location “UCSF Medical Center”
- ✓ Select certificate type “Individual” or “Institution”
- ✓ Complete all fields as instructed
- ✓ Designate if you want a copy sent to Certificate Holder and if you want to renew the certificate
- ✓ Click on Submit!

Questions

