



## PROFESSIONAL LIABILITY CREDENTIALING REQUEST FORM

We require the following information to provide a response to a Professional Liability credentialing request:

1. The name of the individual for which you are requesting credentialing information:  
\_\_\_\_\_
2. The name of the community center the individual was employed with:  
\_\_\_\_\_
3. The date span the individual was employed with the community center:  
Employment dates: \_\_\_\_\_ to \_\_\_\_\_
4. The email address you would like the verification letter sent to:  
Return email address: \_\_\_\_\_
5. Please attach a signed [Authorization for TCRMF to Release Information form](#) for the individual you are requesting the verification for.

Send this completed form and the signed [Authorization for TCRMF to Release Information form](#) to [Danna.Simms@sedgwick.com](mailto:Danna.Simms@sedgwick.com).