

## EXTERNAL REQUESTOR - Certificate of Insurance (Claim History Request System)

To request Liability Verification, Claims History or Certificate of Insurance go to <https://www.ohsu.edu/risk/certificate/>


Click External User Login - As an external requestor, you will always click External User Login to access the system.

**Login for OHSU Internal Requestors:**

OHSU Internal User Name:

Password:

Login

 External User Login

\* This application utilizes popup windows. If you have a popup blocker, please ensure it is disabled before you proceed.

You will be taken to the **Login Page for External Requestors**

**Login for External Requestors:**

User Name:

Password:

Login

Create New Login

\* This application utilizes popup windows. If you have a popup blocker, please ensure it is disabled before you proceed.

If this is the first time you are requesting documents, you will need to create a new Login. To do this, **Click Create New Login** – This will allow you to enter a saved login which will allow you to see all previous requests and allow you to track your current and previous requests. Your log in username will be your email address.

**If you have already created a Login** – Your user name is your full email. Your password will be the password you set up in when you created your login.

When you create a log in, you will need to complete the following information before submitting your request:

**Certificate of Insurance Request System**

**Create Login:**

Note that your login username will be your email address.

Last Name: Required

Company/Hospital: Required (please use self if no company)

Address: Required

City: Required

Zip/Postal Code: 97123

Phone: Required

Password:

Note the Code is case-sensitive.

First Name: Required  MI:

Department:

Apt/Suite:

State/Province: Oregon

Country: United States of America

Email: Required

Re-type Password:

Enter text at left here:  
Required

Submit Cancel

Complete all fields noted as required above. Once you click submit you will be taken to your dashboard. If you have already created a log in you will be on your dashboard after you log in.

**DASHBOARD ▼****Certificate of Insurance - Dashboard**[Start New Request](#)**Submitted Requests ▼▲**

| Request Number | Clinician | Submission Date | Approval Date | Status |  |
|----------------|-----------|-----------------|---------------|--------|--|
|----------------|-----------|-----------------|---------------|--------|--|

**Draft Requests ▼▲**

| Request Number | Clinician | Creation Date | Modified Date |  |
|----------------|-----------|---------------|---------------|--|
|----------------|-----------|---------------|---------------|--|

Entering a new request:

*You will need to turn off your pop up blocker*

Click

[Start New Request](#)

You will be taken to the Request Information Page:

**DASHBOARD ▼**

**Certificate of Insurance Request**

**Clinician Information**

Add Clinician

1

Last Name:

First Name:  MI:

Birth Date:



Hire Date:

**Request Information**



[Current Certificate of Insurance](#)

☐ 2

[Liability Insurance Verification \(includes Tail Coverage\)](#)

☐ From (After July 1, 2002):   To:   (mm/dd/yyyy)

[Claims History](#)

☐ From (After July 1, 2002):   To:   (mm/dd/yyyy)

[Briefly describe the purpose of this request, \(i.e. OHSU-related employment, licensing in another state, renewal, etc.\)](#)

3

Person filling out form:

Name: Your Name

Email: Your Email

Phone: Your Number

Delete This Request

Save Draft



Next>>

CERT Application Version 1.0

**1** – click Add Clinician – A **pop up window will open for you to enter the Clinician's information** (Last Name, First Name and Date of Birth). These fields are required.

#### Edit Clinician

Please enter the name of the clinician you are inquiring about. To avoid a delay in processing, please use the last name of the clinician at the time they were employed by OHSU.

Last Name:  First Name:  MI:   
Birth Date:   (mm/dd/yyyy) Hire Date:   (mm/dd/yyyy)

Once completed, click Save

Click search

The clinician information will auto-fill based on the information entered.

**2** – Choose either:

**Current Certificate of Insurance** - A certificate will not be issued without a current Off Campus Authorization. If the provider does not have a current Off Campus Authorization the request will be returned to you with further instruction.

**OR**

**Liability Insurance Verification (includes Tail Coverage)** – Start and end dates must be entered

**Claims History** – Start and end dates must be entered

Briefly describe the purpose of this request – is this request for OHSU-related employment, licensing in another state, renewal, etc)

Click Next >> or Save Draft to come back to the request later

**3** – Describe the purpose of the request.

#### Add Documents

**Certificate of insurance request** - Attach a formal request letter, or other document, relating to why a certificate is needed. This can include an email with explanation, a copy of the request for the certificate of insurance or a formal letter requesting a copy of the Certificate.

**Liability Insurance Verification (includes Tail Coverage)** – Attach a formal request letter, or other document, relating to why the verification is needed. This can include an email with explanation, a copy of a request for information or a formal letter requesting a copy of Insurance Verification.

**Claims History** – Attach a signed authorization from the provider to release a claims history. This can include an email from the provider requesting a copy of their claims history, a signed authorization or other document giving authorization to release a claims history.

Click Add New

\*When the pop up window appears, you will be able to browse to the file to attach.

Click Add

#### Click Submit

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You will receive an email from [claimshistory@ohsu.edu](mailto:claimshistory@ohsu.edu) confirming your submission.

Once your request(s) have been reviewed by Risk Management, you will receive an email from [claimshistory@ohsu.edu](mailto:claimshistory@ohsu.edu) with the requested document(s) or further instruction