Real example: how I filled the Oregon Practitioner Credentialing Application (OPCA)

Eric Richers, LPC, CADC III · [practice name], Eugene, Oregon · solo telehealth counseling practice

Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from the Oregon Health Authority (ACPCI) at https://www.oregon.gov/oha/hpa/ohit-acpci/pages/state-app.aspx.

What to notice

I filled this on the May 2024 revision in September 2025, for Moda, with Moda's two-page addendum stapled to the back. The 2025 revision is the one credentialing organizations now have to use, so the section numbers below follow the 2025 form; the questions I answered are the same ones.

Half the sections do not apply to a counselor and say so with one tick: medical education, internship, residencies, fellowships, other-state licenses, hospital affiliations. Do not leave those blank; tick Does not apply, or the reviewer sends it back. Section IV, Board Certification, reads at first glance like the place for a state license; it is not, and the 2025 form now says so in a note. Your license goes in XIV.

Two attachments do the heavy lifting: the liability declarations page for section XX and the CE log for section XIX. Three peer references who will actually answer the phone are the slowest part; line them up before you start.

I. Instructions

Read once. The form is returned to the organization that is credentialing you, never to OHA; the state only publishes it. Attach the documents listed on the instructions page.

II. Practitioner information

Full legal name	Eric Richers
Other names used	none
Home address	[home address], Eugene, OR
Date of birth / place of birth	[DOB] / [place of birth]
Social Security number	[SSN]
Gender	Male
Languages spoken other than English	German, Spanish
CAQH ID	[CAQH ID]
Email / phone	[email] / [phone]

III. Specialty information

Primary specialty	Mental health counseling (LPC)
Secondary specialty	Substance use disorder counseling (CADC III)
Do you wish to be listed as a primary care practitioner?	No
Practice status	Full time

IV. Board certification / recertification

Does not apply. (The 2025 form says this section does not apply to licensure; a state license does not go here; it belongs in XIV.)

V. Other certifications

Certification	CADC III, MHACBO, [credential number], 03/2025 to 03/2027; certificate attached

VI. Practice and employment information

Practice name	[practice name]
Practice address	[practice address], Eugene, OR
Type of practice	Solo, telehealth and hybrid individual counseling
Tax ID / NPI	[EIN] / [NPI]
Credentialing contact	Eric Richers, [phone], [email] (your own contact, not the board's)
Office hours	Sunday through Wednesday 7 a.m. to 9 p.m.; Thursday through Saturday from 4 p.m.

VII. Practice call coverage

Blank; a solo telehealth counselor has no call group. Clients get emergency instructions (911 and 988) in the consent form.

VIII and IX. Undergraduate and graduate education

Institution	Degree	Dates
University of Oregon, Eugene	BA, Sociology	2018 to 2020
Bushnell University, Eugene	MA, Clinical Mental Health Counseling	2020 to 2022

X through XIII. Medical education, internship, residencies, fellowships

Does not apply, ticked in each section.

XIV. Health care licensure, registrations, certificates and ID numbers

Oregon license	LPC, [license number], issued 03/2025, expires [date]
Other credential	CADC III, [credential number]
NPI	[NPI]
Medicaid ID	[Medicaid ID]
DEA / CDS	none (a counselor does not prescribe)

XV and XVI. Other-state licenses; hospital and facility affiliations

Does not apply.

XVII. Professional practice / work history

Month and year for every position, no gaps over the period the form asks about, with a line for any gap. A resume is not accepted in place of this section.

Employer	Position	From	To
[practice name], Eugene, OR	Owner, counselor	01/2023	present
[employer 2], [city], OR	[position]	03/2022	10/2024
[employer 1], [city], OR	[position]	03/2016	02/2022

XVIII. Peer references

Name	Specialty / relationship	Contact
[reference 1]	LPC, former supervisor	[phone], [address]
[reference 2]	LCSW, colleague	[phone], [address]
[reference 3]	LPC, colleague	[phone], [address]

XIX. Continuing medical education

Continuing education log attached (see the CADC CE log example).

XX. Professional liability insurance

Carrier	HPSO
Policy number	[policy number]
Policy period	[policy start] to [policy end]
Coverage type	Claims-made or occurrence, read off the coverage form line of the declarations page in force on the signing date (see the declarations example)
Limits	one million per claim, three million annual aggregate
Claims history	none

XXI. Attestation questions

Fifteen questions, A through O, each answered yes or no with an explanation sheet for any yes. Mine are all No except one, which is phrased so that Yes is the clean answer. Read every question; they are not all pointed the same way.

Signature	[signature]
Date	09/25/2025

Moda addendum (two pages, attached for that payer only)

Admitting privileges	None; telehealth and hybrid individual counseling office
DEA registration	None; I refer to a prescriber
Languages	German, Spanish
Authorization and release	[signature], [date]