



DEPARTMENT OF HOMELAND SECURITY

[Docket Number DHS-2026-0562]

Agency Information Collection Activities: Health Care Credentialing Form, DHS Form 5207, OMB Control No. 1601-NEW

AGENCY: Department of Homeland Security (DHS).

ACTION: 60-Day Notice and request for comments.

SUMMARY: The Department of Homeland Security will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995.

DATES: Comments are encouraged and will be accepted until [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]. This process is conducted in accordance with 5 CFR 1320.1

ADDRESSES: You may submit comments, identified by docket number Docket # DHS-2026-0562, at:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Please follow the instructions for submitting comments.

Instructions: All submissions received must include the agency name and docket number Docket # DHS- 2026-0562. All comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided.

Docket: For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

SUPPLEMENTARY INFORMATION: In accordance with the following laws, statutes, and DHS authorities, the Office of Health Security (OHS), conducts a process to verify credentials, which permits DHS healthcare providers to provide designated medical services to, for, or on behalf of DHS. Once credentialed, DHS healthcare providers may

provide care in any U.S. jurisdiction, and as part of authorized DHS duties, if they maintain a current, active, valid, and unencumbered license, registration, or certification, in compliance with Department and Component policies.

6 U.S.C. 597 pertains to the Chief Medical Officer of the Department of Homeland Security. This section outlines that the Chief Medical Officer must be a licensed physician with expertise in medicine and public health, serving as the principal advisor on medical and public health issues to the Secretary and other officials. The Chief Medical Officer is responsible for providing operational medical support across the Department. Letter from OHS Secretary Mayorkas to The Honorable Bennie Thompson, U.S. House of Representatives, re: Notice of Office of Health Security Reorganization Pursuant to 872 of the Homeland Security Act of 2002 and 513(d) of the Department of Homeland Security Appropriations Act, 2022 (May 19, 2022).

DHS Delegation 26000 Chief Medical Officer (CMO)/Director of the Office of Health Security (OHS), the OHS Director/DHS CMO is responsible for 1) Overseeing all medical, public health, and workforce health and safety activities of DHS. 2) In collaboration with DHS components with medical personnel, establish credentialing policies and programs for medical personnel within the Department. Note: Delegation 26000 supersedes Delegation 5001 Delegation to the Assistant Secretary for Health Affairs and Chief Medical Officer.

DHS Medical Quality Management Directive 248-01 and Instruction 248-01-001, the DHS Chief Medical Officer 1) performs credentialing on behalf of DHS for those personnel (or applicants) whose position description explicitly requires that the individual has the duties/qualifications to provide designated medical services 2) Develops a centralized Credentialing Management System.

The OHS Healthcare Systems and Oversight Directorate (OHS/HCSOD) is responsible for managing DHS Medical Quality Management Directive 248-01 and Instruction 248-01-001.

OHS approves credentials for all DHS employee health care providers and establishes credentialing requirements for all DHS contractors and detailee health care providers. Component human capital offices have integrated completion of the DHS Health Care Provider Credentialing Form (DHS Form 5207) into their hiring process; and it requires OHS/HCSOD to clear all medical professionals requiring medical licenses, certifications, registrations, and professional education prior to a final offer of employment. OHS/HCSOD processes the DHS Form 5207 and conducts primary source credentialing verification. Additionally, OHS/HCSOD conducts continuous monitoring and quarterly audits, informing Component medical offices of any of their personnel who have been identified as having credentialing issues. The system also generates deidentified statistical information to support analytics and decision making. During the pre-hiring process, Component Human Capital emails the DHS Form 5207 to the applicant. The applicant emails the completed form to Component Human Capital for coordinating the primary source credentialing and education verification with OHS/HCSOD. If the applicant is hired, OHS/HCSOD inputs the DHS Form 5207 information into the Health and Medical Credentialing System. As a result, the system contains a credential record for every medical professional hired to work at DHS. These records contain data fields that mirror those on DHS Form 5207 information required to meet the objectives of Directive 248-01 and Instruction 248-01-001.

Hereafter, once the medical professional has a DHS personal identity verification (PIV) card, the system emails a unique record link to the medical professional which allows them to update their license and certifications, when they are renewed, to add additional license and certifications, and update demographic information. This prevents the medical

professional from having to submit a new DHS 5207 Form with each license or certification renewal which could be annually or bi-annually, depending on the state of licensure and certifying body frequency. Using information technology reduces burden on the medical professional. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize burden. Maintaining a valid, unencumbered professional medical license is a condition of employment for federal and contractor medical professionals who provide health care services on behalf of DHS. If credentialing verification is not conducted or conducted less frequently, DHS will increase its liability and will be unable to mitigate risk to the DHS mission, safeguard against health care fraud, waste, and abuse, and provides assurance when filling critical medical professional positions.

There are 3 main user roles for the Health and Medical Credentialing system – Medical Professionals, Credentialing Specialists, and Component Human Resource professionals. The personally identifiable information (PII) collected is date of birth, other names used, home address and secondary email (personal). All credentialing records in Health and Medical Credentialing System are accessible to approximately two employees in OHS's Healthcare and Oversight Division (HCSOD) who serve as DHS Credentialing Program Manager and Health and Medical Credentialing system administrators. These employees conduct verifications for onboarding employees and for employees whose credentials are due for updates or renewals. They also conduct periodic credentialing audits. Human Capital professionals from the relevant Components have access to the system to initiate a record for verification as part of the new hire process and view the status of the record. All DHS personnel are required to participate in annual privacy and security awareness training. The system also generates deidentified statistical information to support analytics and decision making.

The security system plan is developed according to the DHS 4300 Security requirement and industry standards which include audit trails and PIV cards for access controls. Medical credentialing information is collected in accordance with DHS Privacy Impact Analysis (PIA)

DHS/ALL/PIA-034 Medical Credentials Management System and System of Record Notice (SORN) OPM/GOVT-1, General Personnel Records (71 FR 35356). This is an existing collection in use. DHS is seeking approval to ensure this collection is compliant with all requirements outlined under the Paperwork Reduction Act

The DHS Health and Medical Credentialing Form 5207 is vital for the Department's process of verifying and approving the credentials of federal and contractor medical professionals who provide health care services to, for, or on behalf of DHS. The following information is collected: Name (first, middle, last, and other names used), date of birth, address and phone (home and DHS duty station), college or graduate school attended, degree awarded, and graduation date, provider type, state license number, certification number, drug enforcement administration number, national provider identification number, and basic life support certification with all associated issue and expiration dates. This information is necessary to confirm that a DHS healthcare provider holds a current, active, valid, and unencumbered licenses, registrations, certifications, education, and related qualifications required for their positions. This credentialing verification process helps DHS ensure that medical professionals are qualified to perform designated medical duties and supports the Department's medical quality management responsibilities. DHS also uses deidentified statistical information for analytics and decision-making, such as looking at the number of nurses licensed in a particular state. During the pre-hiring process applicants submit the completed DHS Form 5207 through Component Human Capital staff, who coordinate with the Office of Health Security, Healthcare Systems and Oversight Directorate, to complete primary source verification of medical credentials and education. If the applicant is hired, the information is entered into the DHS Health and Medical Credentialing System to create and maintain a credentialing record. After a medical professional receives a DHS PIV card, the system allows the individual to access their unique credentialing record to update their license, certification,

and demographic information electronically. This reduces the need to resubmit a new form each time credentials are renewed or updated.

The collected information is used to support onboarding, credential verification, renewals, audits, and compliance with DHS medical quality management requirements. It also helps DHS reduce risk, protect the mission, safeguard against healthcare fraud, waste, and abuse, and ensure qualified individuals fill critical medical professional roles. Access to records is limited to authorized DHS personnel with a need to know, including credentialing program staff and relevant component human capital professionals. The system uses access controls, audit trails, and personal identity verification (PIV) based authentication. The collection does not impact small businesses or other small entities. This is an existing collection for which DHS is seeking approval to ensure compliance with Paperwork Reduction Act requirements.

The Office of Management and Budget is particularly interested in comments which:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of

information technology, e.g., permitting electronic submissions of responses.

ANALYSIS:

AGENCY: Department of Homeland Security (DHS)

Title: Health Care Credentialing Form DHS Form 5207

OMB Number: 1601-NEW

Frequency: Annually

Affected Public: Medical Professionals

Number of Respondents: 70

Estimated Time Per Respondent: 30 Minutes

Total Burden Hours: 2100

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