

# Credentialing/Recredentialing Checklist

## Licensed Independent Practitioners

Initial Credentialing/Privileging

Recredentialing/Privileging (Required every two years)

Provider Name: \_\_\_\_\_

Provider Type:

Physician

Dentist

Physician Assistant

Nurse Practitioner

Credentials and Privileging	Type of Verification	Verification Source	Date Verified or Reviewed	Initials of Person Who Verified or Reviewed	Expiration Dates, as applicable
Licensure	Primary	State Licensing Board			
Curriculum Vitae <i>(For recredentialing obtain attestation by practitioner that CV has not changed since initial credentialing)</i>		Copy of CV			
Education/Training (Not required for recredentialing) 1. Graduation from medical school 2. Residency 3. Board Cert, if applicable	Primary (confirm that the highest of the three levels of education has been appropriately verified)	ECFMG ABMS AOA AMA			
Board Certification <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Competence to Practice	Primary	CME's if not Board Certified			
Health/Fitness <i>(ability to perform requested privileges)</i>	Confirmed statement	Confirmed statement			
DEA	Secondary	Copy of DEA			

Credentials and Privileging	Type of Verification	Verification Source	Date Verified or Reviewed	Initials of Person Who Verified or Reviewed	Expiration Dates, as applicable
Malpractice Insurance, if applicable	Secondary	Copy of malpractice insurance			
NPDB Query by center or a self-query provided by the practitioner	Required, if reportable	NPDB			
Government issued Picture ID <i>(Not required for recredentialing)</i>	Secondary	Drivers License or other appropriate ID			
Immunization Status Current <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary	Confirmed Statement			
PPD Status Current <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary	Confirmed Statement			
Life support training	Secondary	Copy of training certificate			
Hospital Admitting Privileges	Secondary	Attestation by provider, include names of hospitals and status			
Verification of current competence to provide services specific to each of the center's care delivery settings	Primary Source, based on peer review of credentials presented	Approval by Medical Director or jointly by medical staff, Medical Director and CEO			
Quality/Clinical Improvement Performance <i>(Recredentialing only)</i>		Assessment of identified performance <i>(e.g. peer review process, clinical performance)</i>			

Credentials and Privileging	Type of Verification	Verification Source	Date Verified or Reviewed	Initials of Person Who Verified or Reviewed	Expiration Dates, as applicable
		against targets, etc)			

**Medical Director Review**

**Date Medical Director Review of Credentials:** \_\_\_\_\_

**Medical Director Signature:** \_\_\_\_\_

**Medical Director Recommendation**

- Recommend approval of credentialing and privileging by Governing Body
- Do not recommend approval of credentials and privileges by Governing Body.

**Governing Body Approval**

Governing Body Review Date: \_\_\_\_\_

**Governing Body Recommendation:**

- Approve Credentialing and Privileging
- Deny Credentialing and Privileging (*Provide practitioner with appeal process for all denials*)

**DEFINITIONS:**

**Licensed Independent Practitioner:** Physician, dentist, nurse practitioner or any other individual permitted by law and the organization to provide care and services without direction or supervision within the scope of the individual’s license and consistent with individually granted clinical privileges.

**Primary Source Verification** is the process by which the organization verifies credentialing information directly from the entity that originally issued the credential to the practitioner (e.g., state licensing board) Data sources may include oral, written, Internet, cumulative reports, and agents of approved sources (e.g., FSMB)

**Secondary Source Verification** is used when primary source verification is not required. Example methods include, but are not limited to, the original credential, notarized copy of the credential, a copy of the credential (when the copy is made from an original by approved Health Center staff)

**Credentialing Determinations** should be stated in writing by the Health Center's governing board (or alternative mechanism as described in a governing board approved waiver). Ultimate approval authority is vested in the governing board which may review recommendations from either the Medical Director or a joint recommendation of the medical staff (including the Medical Director) and the Chief Executive Officer. Alternatively, the governing board may delegate this responsibility (via resolution or bylaws) to an appropriate individual to be implemented based on approved policies and procedures.

**Resources:**

- BPHC Policy Information Notice 2002-22