Child Guidance Center Credentialing

File Review for _____ (name/license)

Items Submitted For Approval	**Human Resources** Initials and Review Date:	**Cred. Comm. Chair** License: CSW Initials and Review Date:	**Cred. Comm. Member** License: Initials and Review Date:
Application And Attestation			
Specialty Information			
Clinical Activities/Provisional Scope Of Care			
Director's Attestation			
Current License			
Current DEA Certificate – Physicians/Psych ARNP's			
CURRENT Driver's license and social security card			
Education: Transcripts and diplomas			
Advanced Degrees - Physicians			
ABPN Certification as applicable - Physicians			
Resume (Month/Year format; gaps in work history explained			
Peer Reference Forms (2)			
Position Description/Signed Acknowledgement			
Background Screens: NPI status, DCF Level II clearance; local records check;; AHCA affidavit; affidavit of good moral character			
Evaluations: 90-Day And Annual For Current Employees			
Discipline Or Other Letters			
CEU verification (CE Broker or certificates)			
CFARS and FARS certificates			
OIG Search Results			
SAM Search Results			
Medicare Opt Out Verification			
Professional License Verification			
NPDB Query And Response			
Documentation Reviewed, As Applicable, Regarding • Sanctions or limitations of licensure obtained during ongoing monitoring • Complaints received from, but not limited to clients, funding sources, provider organizations (such as HMOs on whose panels we participate) • Violations of established personnel policies or other identified adverse events			

I have viewed the items presented in this file and find they meet the standard required by Child Guidance Center for credentialing.

Psychiatrist (print name) _____

Signature/date _____

Child Guidance Center Credentialing

Clinical Privileges Determination for _____ (name/license)

Determination made by Credentialing Committee on _____

Credentialing Committee Member Signature _____

Credentialing Committee Chair Signature _____

Service	Approval Status
Treatment/Service Plan Development/Review	☐Yes ☐No
Brief Behavioral Health Status Exam/Initial Eval/Diagnostic Impression	☐Yes ☐No
In-Depth Assessment	☐Yes ☐No
Bio-Psychosocial Evaluation	☐Yes ☐No
Rating Inventories/Scales	☐Yes ☐No
Individual and Family Therapy	☐Yes ☐No
Group Therapy	☐Yes ☐No
Crisis/Emergency Support Services	☐Yes ☐No
Initiate Involuntary Examination	☐Yes ☐No
Clinical Supervision/Case Staffing	☐Yes ☐No
Medication Management – Medical Staff Only	☐Yes ☐No
Psychiatric Evaluation – Medical Staff Only	☐Yes ☐No
Prescribe Psychotropic Medication –Medical Staff Only	☐Yes ☐No
Other:	☐Yes ☐No
Other:	☐Yes ☐No
Age Categories	**Approval Status**
Child	☐Yes ☐No
Adolescent	☐Yes ☐No
Adult	☐Yes ☐No
Other Specialty Area:	☐Yes ☐No

I have reviewed the level of clinical privileges recommended for this candidate. I approve the Credentialing Committee's recommendation.

Psychiatrist (print name) _____

Signature/date _____

Credentialing Committee Determination Letter

Date _____

Dear _____,

Congratulations!!! I am pleased to inform you that you have been approved to provide clinical services as noted in the attached **Clinical Privileges Determination** through April 20____, at which time you will be re-evaluated.

In order to make this decision, the Credentialing Committee carefully reviewed your education, training, experience, and performance as a mental health practitioner.

In addition, on _____ Dr. Chamberlain reviewed both your credentialing file and the level of clinical privileges recommended by the Credentialing Committee. Dr. Chamberlain determined that your credentialing file meets the standard required by Child Guidance Center for credentialing. In addition, Dr. Chamberlain approved the Credentialing Committee's recommendation for clinical privileges.

If, at any time, you seek additional clinical privilege, have a change in licensure status, receive any sanctions or have any other changes that may affect your level of credentialing, you are required to let me know immediately.

Sincerely,

Beth Oberlander, LCSW,
Credentialing Committee Chair