

Credentialing/Re-credentialing Checklist Licensed Independent Practitioner

- ☒ Initial Credentialing/Privileging
☐ Re-credentialing/Privileging (Required every two years)

Date: ____/____/____

Provider Name: _____

Provider Type:

- ☐ Physician (Select One) [] Family Medicine [] Internal Medicine [] OB/GYN [] Pediatrician [] Psychiatrist
☐ Physician Assistant
☐ Nurse Practitioner
☐ Clinician (Select One) [] LCSW [] LMHC [] LMFT
☐ Other: _____

Credentials and Privileging	Type of Verification	Verification Source	Date Verified or Reviewed	Initials	Expiration Date
Licensure	Primary	State Licensing Board			
Curriculum Vitae <i>(For re-credentialing obtain attestation by practitioner that CV has not changed since initial credentialing)</i>		Copy of CV		AT	N/A
Education/Training (Not required for Re-credentialing) 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	N/A		
Board Certification Yes No					
Current Competence to Practice	Primary N/A	CME's if not Board Certified			
Health/Fitness <i>(ability to perform requested privileges)</i>	Confirmed statement	Confirmed statement		AT	
DEA	Secondary	Copy of DEA	N/A		
Malpractice Insurance, if applicable	Secondary	Copy of malpractice insurance	N/A		
NPDB Query by center or a self-query provided by the practitioner	Required, if reportable	NPDB		AT	
Government issued Picture ID <i>(Not required for Re-credentialing)</i>	Secondary	Driver's License or other appropriate ID		AT	
Immunization Status Current X Yes No	Secondary	Confirmed Statement		AT	
PPD Status Current X Yes No	Secondary	Confirmed Statement			
Life support Training	Secondary	Copy of training certificate		AT	

Credentials and Privileging	Type of Verification	Verification Source	Date Verified or Reviewed	Initials	Expiration Date
Hospital Admitting Privileges	Secondary N/A	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 ED/CEO	N/A		
Quality/Clinical Improvement Performance (Re-credentialing only)		Assessment of identified performance (e.g. peer review process, clinical performance against targets, etc.)	N/A		
Appointment/ Reappointment Letter	TBD	TBD	TBD	AT	
Background Screening Completed	Primary	Website		AT	
NPI active	Primary	Website	N/A		

Medical Director, Director of Nursing or Chief Operating Officer Review of Credentials

Name: _____

Position: _____

Date: _____

Signature: _____

Medical Director, Director of Nursing or Chief Operating Officer Recommendation

- ☐ Recommend approval of credentialing and privileging by Board of Directors.
- ☐ Do not recommend approval of credentials and privileges by Board of Directors.

Board of Directors Approval /Recommendation:

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

Approval Date: _____

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:

- HRSA Compliance Manual, Chapter 5, Clinical Staffing