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

<table>
<thead>
<tr>
<th>Credentials and Privileging</th>
<th>Type of Verification</th>
<th>Verification Source</th>
<th>Date Verified or Reviewed</th>
<th>Initials of Person Who Verified or Reviewed</th>
<th>Expiration Dates, as applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure</td>
<td>Primary</td>
<td>State Licensing Board</td>
<td></td>
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<tr>
<td>Curriculum Vitae</td>
<td>Primary</td>
<td>Copy of CV</td>
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<tr>
<td>(For recredentialing obtain attestation by practitioner that CV has not changed since initial credentialing)</td>
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<tr>
<td>Education/Training</td>
<td>Primary</td>
<td>ECFMG</td>
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</tbody>
</table>
| (Not required for recredentialing)  
1. Graduation from medical school  
2. Residency  
3. Board Cert, if applicable |
<p>| Board Certification         | Yes                  | CME’s if not Board Certified |
|                            | No                   |                                 |
| Current Competence to Practice | Primary              | Confirmed statement         | Confirmed statement |                                         |                                 |
| Health/Fitness              | Confirmed statement  |                       |                           |                                          |                                 |
| (ability to perform requested privileges) |
| DEA                         | Secondary            | Copy of DEA            |                           |                                          |                                 |</p>
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<tr>
<td>Malpractice Insurance, if applicable</td>
<td>Secondary</td>
<td>Copy of malpractice insurance</td>
<td></td>
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<tr>
<td>NPDB Query by center or a self-query provided by the practitioner</td>
<td>Required, if reportable</td>
<td>NPDB</td>
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<tr>
<td>Government issued Picture ID (Not required for recredentialing)</td>
<td>Secondary</td>
<td>Drivers License or other appropriate ID</td>
<td></td>
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<tr>
<td>Immunization Status Current</td>
<td>Secondary</td>
<td>Confirmed Statement</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<tr>
<td>PPD Status Current</td>
<td>Secondary</td>
<td>Confirmed Statement</td>
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<td>□ Yes</td>
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<td>□ No</td>
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<tr>
<td>Life support training</td>
<td>Secondary</td>
<td>Copy of training certificate</td>
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<tr>
<td>Hospital Admitting Privileges</td>
<td>Secondary</td>
<td>Attestation by provider, include names of hospitals and status</td>
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<tr>
<td>Verification of current competence to provide services specific to each of the center’s care delivery settings</td>
<td>Primary Source, based on peer review of credentials presented</td>
<td>Approval by Medical Director or jointly by medical staff, Medical Director and CEO</td>
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<td>Quality/Clinical Improvement Performance (Recredentialing only)</td>
<td>Assessment of identified performance (e.g. peer review process, clinical performance)</td>
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**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