

Credentialing and Privileging Checklist

Provider Name: _____

Check the appropriate category:

Initial Credentialing/Privileging

Privileging Renewal (Required every **X** years)

Provider Type

Licensed Independent Practitioner (LIP)

Other/Licensed/Certified Practitioner (OLCP)

Other Clinical Staff, if applicable (Other)

Provider Category

Physician

Dentist

Physician Assistant

Nurse Practitioner

Nurse Midwife

Licensed Clinical Social Worker

Nutritionist

Certified Medical Assistant

Medical Assistant

Community Health Worker

Other Please specify: _____

Provider Name: _____

Credentials and Privileging	Is this applicable to the provider type (Y,N)	Type of Verification	Accepted Verification Source	Date Verified or Reviewed	Initials of Person Who Verified or Reviewed	List document numbers and expiration Dates, as applicable
Application, if required by organization		n/a	n/a			Review at each renewal for update needs, if appropriate
Curriculum Vitae		n/a	n/a			Review at each renewal for update needs, if appropriate
Hospital Admitting Privileges		Secondary	Attestation by provider, include names of hospitals and status			
Malpractice Insurance, if applicable		Secondary	Copy of malpractice face sheet			
Add other credentials as may be required by the health center						
HRSA Credentialing Requirements						
Licensure		Primary-LIP and OLCP NA for Other	State Licensing Agency			
Education/Training (Not required for recredentialing) 1. Graduation from medical school 2. Residency 3. Board Cert, if applicable		Primary-LIP Secondary - OLCP and Other <i>(confirm that the highest of the three levels of education has been appropriately</i>	ECFMG ABMS AOA AMA			

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Board Certification, if using to verify education/training <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>verified</i> Primary-LIP NA-OLCP and Other	ABMS ANCC AMCB NCCPA AMA Profile AOA Profile			
DEA, CDS, or other		Secondary-LIP OLCP if able to dispense controlled substances NA-Other	Copy of credential			
NPDB Query by center or a self-query provided by the practitioner. Any malpractice history found? <input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary-LIP, OLCP as applicable <i>(i.e., RN, LPN, CMA)</i> NA-Other	NPDB Website			
Government issued Picture ID <i>(Not required for recredentialing)</i>		Secondary-All	Drivers License or other appropriate government-issued ID			
Life support training		Secondary	Copy of training			

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		All	certificate			
HRSA Privileging Requirements						
Current Competence to Practice <i>(Initial Only)</i>		Secondary-All	LIP- Verification of training, education, and, as available reference reviews. OLCP and Other-Supervisory evaluation per job description			
Verification of current competence to provide services specific to each of the center's care delivery settings <i>(Renewal only)</i>		Secondary-All	LIP-Verification via peer review or other comparable methods OLCP and Other-Supervisory evaluation per job description			
Health/Fitness (ability to perform requested privileges)		Secondary-All	Confirmed statement <i>may use attestation questions from application (i.e., CAQH)</i>			
Immunization Status Current <input type="checkbox"/> Yes <input type="checkbox"/> No		Secondary-All <i>based on operating</i>	Confirmed Statement from provider or records			

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		<i>procedure or policy describing required immunizations</i>				
PPD Status Current <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Secondary-All based on operating procedure or policy describing requirement</i>	Confirmed Statement from provider or records			

Authorizing Person/Entity Credentialing and Privileging Approval

Review Date: _____

Approval Date: _____

Recommendation (*Put a checkmark next to the selected recommendation*):

___ Approve

___ Modify

___ Remove

___ Deny

Signature: _____

Current Credentialing and Privileging Period: mm/dd/yyyy to mm/dd/yyyy

Reference:

HRSA Compliance Manual Chapter 5: Clinical Staffing

Sections 330(a)(1), (b)(1)-(2) of the PHS Act; and 42 CFR 51c.303(a), 42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p)