**Sample credentialing checklist**

|  |  |
| --- | --- |
| Place a check in each box where the item has been completed or document obtained. Place N/A where not  applicable. Blank boxes indicate an incomplete item. | |
| **Item** | **Complete or obtained** |
| **Practitioner name** | **Dr. Jerry Welby** |
| Application complete and signed |  |
| All peer references present |  |
| All hospital verifications received |  |
| NPDB query obtained |  |
| OIG exclusion query |  |
| Primary source verification med school |  |
| ECFMG verification (if applicable) |  |
| Primary source verification residency |  |
| Work history obtained/all gaps addressed |  |
| Fellowship verifications |  |
| Primary source verification state license |  |
| DEA confirmed |  |
| Federation of State Medical Boards queried |  |
| Criminal background check complete |  |
| Malpractice history obtained |  |
| Board certification verification |  |
| Liability coverage confirmed |  |
| Privilege request form completed and criteria met for requested privileges |  |
| Health attestation completed |  |
| Medicare attestation signature page |  |

*Note: This checklist is for illustrative purposes only and should not be considered complete or appropriate for any particular credentialing organization.*

**Source: *Negligent Credentialing: Strategies for Reducing Hospital Risk***