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| **Figure 3.13** | **Credentials File Audit Tool** | | |
| Note: For organizations that don’t have a preapplication process, the checkboxes for consent and photo ID would be included in the Application field.  Applicant: Added to Audit Tab: | | | |
| **Element reviewed** | | **Comments/**  **Questions** | **Follow-up** |
| PREAPPLICATION  Completed, dated, and signed  PreCheck (employment verification) consent Photo ID | |  |  |
| APPLICATION  Application and consent completed, dated, signed Appointment letter  Board certification  Signed review/approval form  Activity logs/CME (40 Category I, 2 years) FPPE reports  Medicare acknowledgment signed/dated Military DD-214  Code of Conduct signed/dated Confidentiality/PACS/Security agreement signed/dated Conflict of Interest signed/dated  CV  Education Attestation Signed/dated Expectations of practitioners signed/dated IT access request and response  Practice plan | |  |  |
| EDUCATION AND TRAINING  Postgraduate/professional education Internship/residency/fellowship training | |  |  |
| AFFILIATIONS  Completed/dated/signed | |  |  |

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| **Figure 3.13** | **Credentials File Audit Tool (cont.)** | | |
| PRIVILEGES  Completed, signed, dated by applicant/service chief Consistent with training and education  Criteria met  Sedation training verified  Temporary privileges granted as per bylaws | |  |  |
| SUPERVISION (APPs ONLY)  Delegation of services agreement (PAs) Supervising physician license verified Supervising physician signature obtained | |  |  |
| LICENSURE/REGISTRATION/CERTIFICATION  All licensure/certification verified DEA and state pharmacy verified | |  |  |
| MALPRACTICE INSURANCE  Claims history all carriers  Current certificate of insurance with name of applicant Coverage in amounts required by board | |  |  |
| VERIFICATION AGENCIES  NPDB ECFMG OIG FSMB  CertiFACTS AMA  Other PreCheck | |  |  |
| PEER REFERENCES  Completed/dated/signed | |  |  |
| REAPPOINTMENT  No more than two years between appointments Quality/performance profile | |  |  |