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| **Figure 3.4** | **Initial Appointment Application Checklist** | |
| Instructions: Complete the [Hospital] Physician Credentialing Application in its entirety and submit, along with the required  documentation as listed below. Attach a written explanation for any “No” answer. Write N/A if something is not applicable. | | |
| **APPLICATION AND RELATED DOCUMENTATION ITEMS TO RETURN** | | **INCLUDED?** |
| Credentialing application completed and signed? | | Yes No |
| [Hospital] privilege(s) form completed and signed with documentation attached to demonstrate that criteria have been met? | | Yes No |
| Attestation, Consent, and Release From Liability forms completed and signed? | | Yes No |
| Medicare Acknowledgment Statement completed and signed? | | Yes No |
| Picture archiving and communication system (PACS) Access and Confidentiality Statement completed and signed? | | Yes No |
| [Hospital] Conflict-of-Interest Statement form completed and signed? | | Yes No |
| Current CV with complete professional history in chronological order (month and year must be included)? | | Yes No |
| Documentation of recent clinical activity in the form of residency training logs and clinical activity reports showing types/numbers of procedures performed in the past 12 months and continuing medical education (CME) from the past 24 months? | | Yes No |
| Recent, high-quality passport-sized photo? | | Yes No |
| A complete list of previous professional liability coverage dating back 10 years, including the insurance company name, address, phone number, policy numbers, effective dates, and copies of certificates? | | Yes No |
| Copies of diplomas (undergraduate, professional school, internship, residency, fellowship)? | | Yes No |
| Dates of and explanation for any gaps greater than three months? | | Yes No |
| Copies of all licensures and registrations? | | Yes No |
| Copies of board certification certificates? | | Yes No |
| Copy of driver’s licenses from all applicable states? | | Yes No |
| Tuberculosis testing and titers documentation? | | Yes No |
| Copy of Permanent Resident Card, Green Card, or Visa? | | Yes No |
| Military Discharge Record—Form DD214? | | Yes No |
| Copy of Educational Commission For Foreign Medical Graduates (ECFMG) Certificate? | | Yes No |
| Application Fee of [$XXX]? (Online payments can be made via .) | | Yes No |