**Credentialing Checklist – Individual File Audit\* Tool**

*\*25% of healthcare providers actively seeing patients in the facility per quarter*

**Name of practitioner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Specialty:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MD/DO**

 **Allied Health Professional** (APRN/PA/CRNA) \_\_\_\_\_\_\_\_ **Supervising physician documented**

**Category of Staff Privileges: Active (2 years), Provisional (6 months-1 year), Temporary/Emergent (30-90 days), etc.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Education and Training** **Primary Source Verification**

 Medical School

 Post education training (internship, residency, etc.)

**2. Current Licensure Primary Source Verification**

 Nevada DEA license

 Nevada Medical License

 Nevada Board of Pharmacy certificate

**3. Specialty Board Status, if required by bylaws or DOP**

 Board Eligible/Certified

**4. Current Certificates,** **if required by bylaws, DOP, or LiCON**

 ACLS

 ATLS

 PALS

 BLS

**5. Current Malpractice Insurance**

 Professional liability certificate that covers facility

**6. Current NPDB/OIG List (within past two years)**

 National Practitioners Data Bank query

 OIG Excluded Parties List

**7. Delineation of Privileges (DoP)**

 Signed by all parties within past two years

 All listed privileges align with services provided by the facility

 Documentation of experience required by DoP

 Education and training appropriate for privileges granted

 Privileges communicated to staff

**Audited by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**