Checklist for Credential File

Provider: _____ **KTHFS Program:** _____

DOCUMENT	REQUESTED	RECEIVED	EXPIRATION DATE
APPLICATION & ATTACHMENTS:			
Medical Staff Application for Appointment and/or Privileges (completed and signed)			
Copy of Govt. Issued Photo ID (Requested on Pg. 1)			
Immunizations w/supporting evidence (Page 13)			
Signed Statement Of Understanding/Release (Page 14)			
Health Statement (Page 15) – two signatures required			
Signed Malpractice Claims Info Report (Page 17-18)			
Written explanation if "Yes" to 1-26, pgs. 9-11			

REQUEST FOR PRIVILEGES:			
Clinical Privileges (Delineation Sheet)			

LICENSE:			
Copy of (all) License Certificate(s)			
License Verification			
Other License Verification(s)			
OSBN (Oregon State Board of Nursing)			
Current NPI (National Provider Identification)			
Current Federal DEA Certificate – exp date			
Copy of Board Certification(s) – exp date			
Verification of Board Certification(s) – exp date			
Internship Certificate			
Verification from Internship			
Residency Certificate			

Verification from Residency			
Fellowship Certificate			
Verification from Fellowship			

DOCUMENT	REQUESTED	RECEIVED	EXPIRATION DATE
EDUCATION:			
Professional School Diploma(s)			
Verification from Professional School			
Continuing Medical Education (CME) Summary			

EXPERIENCE:			
Reference Letter #1			
Reference Letter #2			
Competency Verification #1			
Competency Verification #2			

OTHER CERTIFICATIONS:			
Current BLS certificate – exp date Basic Life Support			
Current ACLS certificate – exp date Advanced Cardiac Life Support			
Current ATLS certificate – exp date Advanced Trauma Life Support			
Current PALS certificate – exp date Pediatric Advanced Life Support			

PROFILES:			
OIG List of Excluded Individuals & Entities Query			
NPDB Query			
AMA or AOA Profile			
Malpractice Insurance Verification (prior 10 years)			
Background Check and/or C-NACI Adjudication			
Provider Performance Improvement (PI) Profile			

Other

DOCUMENT			

Acknowledgement of Medical Staff Bylaws			
Provider Information Form Routed to Business Office, IST, E.H.R. and Pharmacy			

CONTRACTOR(S)

DOCUMENT	REQUESTED	RECEIVED	EXPIRATION DATE
Personal or Professional Services Contract			
Copy of Malpractice Insurance (if applicable)			
W-9 Form (for Finance Office)			

Business Office/3rd Party Billing Purposes

DOCUMENT	REQUESTED	RECEIVED	EXPIRATION DATE
Medicaid Enrollment			
Medicare Enrollment Forms			
Oregon Credentialing Application (revised)			
ODS, First Choice, others			
NPI Number	See Application	See Application	See Application

Note(s):

Credentialing Committee Members by Job Title:

- Medical Director, Chair
- Health General Manager
- Health Systems Director
- Quality Assurance Specialist
- Behavioral Health Director
- Dental Director
- Pharmacy Director