

Sample Credentialing/Recredentialing Checklist

Applicant Name:	Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Recredentialing	
Position Title:	Credentialing Designee:	
Application Process Dates	<input checked="" type="checkbox"/> or NA	
		Application sent to Practitioner
		Application returned to Credentialing Designee
		Application verified as complete, signed, dated, clinical references provided; authorization to conduct CBC
		If incomplete, returned to Practitioner
		Application resubmitted
		Application verified as complete, signed, dated, clinical reference provided; authorization to conduct CBC
PSV Verification Dates	<input checked="" type="checkbox"/> or NA	
	All Licensed Independent Practitioners:	
		Resume/CV with 5 year work history; gaps explained
		Photo ID
		Verification of Highest education completed
		NPI Number
		State License (LARA) #: Expiration Date:
		Criminal Background Check
		Central Registry Check
		Recipient Rights Database of Complaints
		Grievance and Appeals Database
		Professional Liability Policy, if not included under agency
		Clinical Reference Checks: #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/>
		NPDB Query or in lieu of NPDB: <ul style="list-style-type: none"> • Minimum five-year history of professional liability claims resulting in a judgment or settlement; • Disciplinary status with regulatory board or agency; and • Medicare/Medicaid sanctions (OIG/SAM).
	Physicians and Mid-levels Only:	
		Controlled Substance # Expiration:
		DEA Registration # Expiration:
		Board Certification, if applicable
<i>*AOA or AMA physician profile may be used to satisfy PSV requirements of licensure, board certification, education and academic status</i>		
Decision Process Dates	<input checked="" type="checkbox"/> or NA	
		Clean file signed by designee
		File submitted to credentialing committee
		Committee decision rendered
		Applicant notified of decision
		Recredentialing date established (within two years)