

Physician Reappointment Checklist

Provider: _____

Specialty: _____

Children's Specific Documents:

- Staff Category Form
- Privilege List
- Consent & Release
- Confidentiality Agreement
- Corporate Compliance & Code of Conduct Agreement
- Restraint Test w/100%: (Not required if Active no Privileges)
- Immunization Attestation Form and/or PPD updated
- Infection Control Procedures
- CME form and/or CME's

Verifications:

- State License(s) – all active
- DEA(s) – all active
- Life Support Certifications (if required for privileging)
 - BLS PALS ACLS Other
- Malpractice Insurance COI (current policy)
- Malpractice Insurance Claims History (last two years)
- Board Certification
- Hospital/Primary Practice Affiliations (all current practice locations)
- References
 - #1 #2
- NPDB
- NPI
- OIG (Verified through background check)
- SAM (Verified through background check)
- State Sanctions Check (Verified through background check)
- Verification of Medicaid ID (if applicable; for billing provider only)
- Background Check Background Check Release (2 pages)

Other

- Case Logs (if required)
- OPPE (from primary facility)
- Application

- MS Tracking Spreadsheet Updated

Verified by: _____ Date: _____

Approved by: _____ Date: _____

Credentials Committee date –

Admitting Privileges – Y N; Admissions will be handled by the Primary Service or Hospitalist Team