

Credentialing Verification Process and Requirements for Licensed Independent Practitioners and Dependent Practitioners

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Minimum Verification Requirement

It should be noted that the verification process and requirements listed in this document apply to all practitioners. There may be additional items that require verification; this will be determined by the privileges requested by the practitioner.

Credentialing Item	Method of Verification	Reference	Initial Appointment	Abbreviated Initial Application	Reappointment	Update as Expires	Addition of Privilege	Temp	Return from LOA
Current Licenses to Practice For the appropriate state where the applicant is applying. Verify current license, expiration date and sanctions and/or limitations. Telemedicine home license will be identified and verified.	<ul style="list-style-type: none"> Primary source directly with state licensing authority By approved website By phone/fax/mail/email 	Medicare CoP §482.11 (c) and §482.22 (a)(2) TJC: MS.06.01.03 (6) and MS.06.01.05 (2)	X	X	X	X	X	X	X
Licenses to Practice in Other States Verify current license, status, expiration date and sanctions and/or limitations.	<ul style="list-style-type: none"> Primary source directly with state licensing authority By approved website By phone/fax/mail/email AMA/AOA Profile 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2)	X All current & past	X All current & past	X All current	X All current		X All current	X All current
DEA Registration Verify DEA registration number, expiration date, and schedules (2, 2N, 3, 3N, 4, 5). (As applicable)	<ul style="list-style-type: none"> Primary source directly with Federal DEA website Request letter of explanation if practitioner has less than full schedule & notify MSO Director.	Medicare CoP §482.11	X	X	X	X	X	X	X
State Board of Pharmacy Registration Verify State Board of Pharmacy registration number, expiration date, and schedules. (As applicable)	<ul style="list-style-type: none"> Primary source directly with State Board of Pharmacy By approved website 	TJC – Not required	X	X	X	X	X	X	X
Medical School (Domestic Graduates) Or other professional schooling relevant to privileges requested (nonphysician applicants). Verify institution, completion date and degree received.	<ul style="list-style-type: none"> Directly with educational facility or professional school in writing or orally (if no response, will accept verified AMA/AOA) National Student Clearinghouse if designated by educational facility ECFMG, if foreign medical school graduate AMA/AOA Profile 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2) Medicare CoP §482.22 (a)(2)	X	X					

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Dental or Podiatric School (Domestic Graduates)	<ul style="list-style-type: none"> Confirm directly with educational facility 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2)	X	X					
ECFMG (Foreign Graduates) Graduation from a foreign medical school (does not cover internships and fellowships). Verify ECFMG number and date issued.	Educational Commission for Foreign Medical Graduates 3624 Market Street, 4th Floor Philadelphia, PA 19104-2685 (215) 386-5900 <ul style="list-style-type: none"> www.ecfm.org 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2) Medicare CoP §482.22 (a)(2)	X	X					
Internship/Other Professional Training Completed after domestic medical school or other domestic professional school graduation or post receipt of ECFMG. Verify institution; begin/end dates, type of internship, successful completion.	<ul style="list-style-type: none"> Obtain directly from educational facility in writing. (If no response, will accept verified AMA/AOA.) AMA/AOA Profile 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2) Medicare CoP §482.22 (a)(2)	X	X					
Residency/Other Professional Training Completed after domestic medical school or other domestic professional school graduation or post receipt of ECFMG. Verify institution; begin/end dates, type of residency, successful completion.	<ul style="list-style-type: none"> Obtain directly from educational program in writing (required if last educational training). If no response, may accept verified AMA/AOA. AMA/AOA Profile 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2) Medicare CoP §482.22 (a)(2)	X	X					
Fellowship/Other Professional Training Relevant training completed after domestic medical school or other domestic professional school graduation or post receipt of ECFMG. Verify institution; begin/end dates, type of fellowship, successful completion.	<ul style="list-style-type: none"> Obtain directly from educational program in writing (required if last educational training). If no response, may accept verified AMA/AOA. AMA/AOA Profile 	TJC: MS.06.01.03 (6) and MS.06.01.05 (2) Medicare CoP §482.22 (a)(2)	X	X					
Board Certification All specialty board certifications (may be multiple) which are ABMS (American Board of Medical Specialties) or AOA (American Osteopathic Association) approved (for physicians). Re-Certification – will allow National Board of Physicians and Surgeons (NBPS) – excluded for Critical Care	<ul style="list-style-type: none"> CertiFACTS (has been designated as an Official ABMS Display Agent) Confirm directly with certifying board (or the ABMS or AOA) in writing, orally or electronically (an authorized website) 	TJC: MS.06.01.05 (2) Medicare CoP §482.22 (a)(2)	X	X	X If any new certifications during the previous appointment period OR if there is a board red flag found during the	X If showing current or active with no renewal date, MSO will apply a new expiration date issued		X	X

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Med. Verify certifying board, specialty of certification, date certified/recertified and expiration date, if applicable.					reappointment process.	by the ABMS as the reverification date.			
Military Service Only if needed to account for time and if there is any bearing on the practitioner's current competence at initial appointment. Applicant will be asked to submit DD214.	If military service was within past 5 years, contact hospitals where applicant provided services. If military service was more than 5 years ago, do not verify. If, for some reason, it is determined necessary to verify military history that occurred longer than 5 years ago, contact: (scra.dmdc.osd.mil/scra/#/home) or Military Records Center, 9700 Page Boulevard, St. Louis, MO 63132. Combat situations: In combat situations, hospitals may have been created that no longer exist. In this instance, verify military experience through whatever means are available, including professional references.	TJC: MS.06.01.05 (2) (not specifically required that past military experience be verified)	X	X					
Healthcare Organization Affiliations Hospitals and surgery centers. Verify current status, begin/end dates, adverse actions, performance/behavior issues, scope of privileges, in good standing. **Tele-Med: Top twenty (20) high volume affiliations. **Military – Rotator: Military transfer brief. **Refer and Follow: Exempt.	Obtain directly from healthcare organization via fax, email or telephone inquiry. Some organizations have authorized websites for this purpose.	TJC: MS.06.01.05 (2)	X All relevant affiliations for past 10 years. **See Tele-Med specifics.	X **See Military – Rotator. **See Refer & Follow.	X All current affiliations. **See Tele-Med specifics.			X One current Active status affiliation	
Work History Obtain from applicant on application.	There should be no unaccounted-for gaps in time beginning with date of graduation from medical/professional school in the US, or if a graduate from outside of the US, beginning with date of completion of internship in the US. Follow up with applicant (and healthcare organizations, individuals, etc. as appropriate) and obtain explanation for any gaps in time of 90 days or greater.	TJC: Not required	X Current and most recent relevant employment. Not to exceed 10 years						
Professional Liability Insurance	• Obtain directly from current carrier	TJC – Not required	X	X	X	X Copy of		X Copy of	X

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Verify current coverage, dates of coverage, amount, and current/pending claims.	<ul style="list-style-type: none"> Per some carriers, current certificate is valid verification (will be noted in your credentialing system) 					Certificate		Certificate	
Professional Liability Claims History Settlements, judgments, and current/pending claims.	Obtain professional liability claims history as follows: Settlements, judgments, pending claims disclosed are verified as follows: <ul style="list-style-type: none"> Directly contacting carrier Documentation from court or attorney NPDB (settlements/judgments) 	TJC: MS.06.01.05 (9)	X Five-year claims history; ten years if claims are found. NPDB	X NPDB	X Three-year claims history. NPDB				
Continuing Medical Education/CEUs CME/CEU should relate to privileges requested/held.	<ul style="list-style-type: none"> Applicant attests to compliance by signing attestation form 	TJC: MS.06.01.03 (6)	X	X	X				
National Practitioner Data Bank (NPDB)	<ul style="list-style-type: none"> NPDB Query (within 90 days of Committee) 	Federal Legislation TJC: MS.06.01.05 (7) Medicare CoP §482.11	X	X	X		X	X	X
Medicare/Medicaid and Other Sanctions Includes exclusions from Federal Health Care programs, loss or restrictions of membership, privileges, licenses to practice, board certification, etc. Essentially any type of restriction that would have a bearing on an applicant's competency or conduct.	Applicant provides information and attests to accuracy and completeness AND: <ul style="list-style-type: none"> OIG (Office of Inspector General database) EPLS (Excluded Parties) www.sanctioncheck.com AMA/AOA Profile (Initial only) NPDB 	Federal Legislation Medicare CoP §482.11 TJC: MS.06.01.05 (7)	X	X	X		X	X	X
Identify Gaps of Time The MSO will identify and verify any consecutive 90 days or greater gap in time during the past 10 years.	Written statement from applicant regarding whereabouts during the timeframe in question.	TJC – Not required	X		X				X
APP – Collaboration Agreement (as applicable) The MSO will obtain the collaboration agreement between the physician(s) and the APP applicant.	<ul style="list-style-type: none"> Primary source – directly with the State Board of Medical Examiners. Notarized copy provided by applicant 	TJC – Not required	X Per group, one primary supervising physician registered with the state (as applicable)	X	X		X Additional Privilege/Dept. Change		X
Peer/Professional References/Recommendations Peer recommendations are obtained for initial appointment and reappointment. The number of peer recommendations is organization-	Letter, copy of requested privileges, and questionnaire sent directly to peer/professional reference(s). Letters submitted by applicant may not be used.	TJC: MS.06.01.05 (2) (8) and MS.07.01.03 Medicare CoP §482.22 (a)(2)	X Three peer references that have personal knowledge of applicant's current clinical	X Military – Rotator: One physician peer reference with knowledge of applicant's	X One peer reference that has personal knowledge of applicant's current clinical			X One peer reference that has personal knowledg	

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<p>specific.</p> <p>Peer means an individual in the same professional discipline (same type of license).</p> <p>Do Not Accept Peer Recommendations from: Co-Residents or anyone that was in training at the same time.</p> <p>APPs – may use MD/DO if not supervising or collaborating physician of record with state.</p>			<p>abilities within the last 2 years. One of which may be the program director of a Residency or Fellowship if program was within the last 2 years. One of which may be a partner or associate. AHPs peers may be from their current employment (not current sponsoring/collaborating physician).</p>	<p>current clinical abilities within the last 2 years. Refer & Follow: One physician character reference with knowledge of applicant's current abilities within the last 2 years.</p>	<p>abilities. This may be internal (i.e. department chair/division chief with appropriate documentation). APPs peers may be from their current employment (not current sponsoring/collaborating physician).</p>			<p>e of applicant's current clinical abilities</p>	
<p>FLU/Quantiferon/TST/Chest X-Ray</p> <p>FLU and TST (Tuberculin Skin Test) (as appropriate per specialty).</p>	<p>Copy of one of the following (current):</p> <ul style="list-style-type: none"> • Annual Flu or declination • Annual Quantiferon/Annual Tuberculin Skin Test • Chest X-Ray • Annual symptom sheet (only at renewal) 		X			X		X	X
<p>Identity of Applicant</p> <p>The TJC requires that during the credentialing process, there is a mechanism to ensure that the individual requesting privileges is in fact the same individual that is identified in the credentialing documents.</p> <p>**Tele-Med: Provide a letter from the contracted service regarding ID or notarized copy of ID.</p>	<p>Applicant is asked to physically appear at the Medical Staff Office to supply one (1) form of picture identification. Must be current (i.e.: Passport, Government identification, State Driver's License).</p>	TJC: MS.06.01.03 (5)	X					X	

NOTE: "X" indicates that verification of the element is required by the Medical Staff Office.

Per your Medical Staff Bylaws/policy, the MSO will afford the applicant one opportunity to provide an addendum(s) with corrections to the original application received.