

File Approval Form

All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment

GENERAL TEMPLATE — NOT LEGAL ADVICE. This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

Provider Name:			
Department:			
Request:	☐ Initial Appointment ☐ Reappointment ☐ Additional Privileges ☐ Change in Staff Status		
	☐ Other:		
Staff Status:			
Facility:			

Documentation to support the above-noted request has been reviewed and, unless otherwise noted below, is found to be appropriate.

Department Chair / Chief review (if your org uses it)			
Action:	☐ Recommend approval ☐ Recommend approval with conditions ☐ Defer ☐ Do not recommend		
Comments:			
Printed name / title:			
Signature:		Date:	

Credentials Committee			
Action:	☐ Recommend approval ☐ Recommend approval with conditions ☐ Defer ☐ Do not recommend		
Comments:			
Printed name / title:			
Signature:		Date:	

Medical Executive Committee (MEC)			
Action:	☐ Recommend approval ☐ Recommend approval with conditions ☐ Defer ☐ Do not recommend		
Comments:			
Printed name / title:			
Signature:		Date:	

Governing Board			
Action:	☐ Approved ☐ Approved with conditions ☐ Deferred ☐ Denied		
Comments:			
Printed name / title:			
Signature:		Date:	