

Initial Credentialing Checklist

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

Hospital Medical Staff – Initial Appointment Workflow

Sample template. Adapt to your organization's bylaws, policies, and accreditation requirements (TJC, NCQA, CMS, state).

Practitioner Full Name:		Specialty:	
Credentialing Coordinator:		Date File Opened:	
Department / Division:		Provider Type (MD/DO/APP/CRNA):	
Facility / Entity:		Target Committee Date:	

 TEMPORARY PRIVILEGES: Billing/enrollment credentialing completed before temporary privileges, if your organization requires it. Grant temporary privileges only as permitted by your bylaws.

 VERIFICATION AGING: All primary source verifications, the signed release/attestation, and query results must be current within 180 days at the time of the committee decision (TJC/NCQA timeliness window). Before marking the file ready for committee, re-check any item that will be older than 180 days on the decision date.

How to use: Click a ☐ to check it on screen (or tick by hand when printed). Enter the Date when each step is complete. Add, remove, or rename rows to match your bylaws, credentialing policy, and software.

INTAKE & DEMOGRAPHICS

Item	Done	Date	Notes
Identity			
Practitioner's full legal name – matches the state license	☐		
Date of birth checked against driver's license / government photo ID	☐		
Social Security Number double checked	☐		
NPI verified in NPPEs (name, taxonomy, and practice address match the application)	☐		
Demographics			
Department: _____	☐		
Division (section): _____	☐		
Staff Category Requested (check one – adjust to your bylaws)			
☐ Active Staff			
☐ Courtesy Staff *Must be Active at another hospital (Bylaws requirement)			
☐ Consulting Staff			
☐ Refer & Follow Staff *No DOP required / No cases / No peers			
☐ Advanced Practice Professional (APP / AHP) – complete the Advanced Practice Professionals (APP) section			

KEY DATES & TURNAROUND TRACKING

Record dates as they occur

Application Received / Accepted Date:		Application Complete / Ready for Committee:	
Temporary Privileges Requested?	☐ Yes ☐ No	Appointment Period (From – To):	
Credentials Committee Date:		Billing/Enrollment Requested?	☐ Yes ☐ No
MEC Date:		Billing/Enrollment Approval Date:	
Governing Board Date:			
Target turnaround: _____ days		Days processed:	
☐ Within target ☐ Over target – document reason in notes			

APPLICATION DOCUMENTS RECEIVED

Item	Done	Date	Notes
Category and Privilege Request			
Staff category and privilege request form completed	☐		
› APP (NP/PA) privileges marked by the department	☐		
› CRNA category form signed	☐		
› Separate form for each facility/entity, if applicable	☐		
Forms & Attestations			
Conflict of Interest disclosure (if required, e.g., non-employed practitioners)	☐		
Statement / attestation of CME	☐		
Medicare Practitioner Acknowledgment (attestation/penalty statement)	☐		
Signed release/authorization and attestation – dated within 180 days of the committee decision	☐		
Health status / ability-to-perform-requested-privileges attestation completed and signed	☐		
Disclosure questions answered; any “Yes” answer has a written explanation attached (see File Review & Disclosures)	☐		
Identity			
Verification of identity form	☐		
Driver's license / government photo ID copy	☐		
Photo ID compared to the practitioner in person or by a verified copy	☐		

PRIMARY SOURCE VERIFICATIONS

All must be ≤ 180 days old at committee decision

Item	Done	Date	Source / Exp. date / Notes
Licensure & Controlled Substance			
State license verified at primary source (re-verify if expiring before committee)	☐		
All-state license history verified (current and past licenses) with discipline/sanction check	☐		
DEA registration current for the practice state, or DEA waiver	☐		
State controlled substance (CS) registration, if applicable	☐		
Board Certification			
Board certification verified at primary source (ABMS Certification Matters / AOA / NCCPA / AANP / NBCRNA, as applicable)	☐		
› Board status and expiration dates recorded (re-verify if expiring before committee)	☐		

Item	Done	Date	Source / Exp. date / Notes
NPDB & Background			
NPDB query – confirm all state licenses and DEA numbers are included	☐		
NPDB Continuous Query enrollment	☐		
Criminal background check	☐		
Exclusion & Sanction Screening			
OIG LEIE exclusion check	☐		
SAM.gov exclusion check	☐		
State Medicaid exclusion / terminated provider list check	☐		
Medicare Opt-Out list check	☐		
OFAC check (optional – if required by policy)	☐		
Work History & Affiliations			
Hospital affiliations and work history verified for the past 5–10 years (per policy)	☐		
Any gap over 30 days explained in writing by the practitioner	☐		
Professional Liability			
Certificate of insurance (COI) current and meets the required coverage limits	☐		
Malpractice claims history obtained from carriers for the past 5–10 years (per policy)	☐		
Gap in coverage letter / tail coverage documentation, if applicable	☐		

Peer References

record full name, title, email, how long the peer has known the applicant, and dates sent/received; enter in your credentialing software
 *Number required per policy; may not apply to Refer & Follow

#	Full Name	Title	Email	Known Applicant (From – To)	Date Sent	Date Received	Added
1				/ - /			☐
2				/ - /			☐
3				/ - /			☐
4				/ - /			☐
5				/ - /			☐

EDUCATION & TRAINING

Education and Training	Dates (From – To)	Verified	Date	Source / Notes
Physicians (MD/DO) – Medical School & Graduate Medical Education				
Medical / Professional School (AMA Physician Profile / AOA / ECFMG for IMGs)		☐		
Internship		☐		
Residency		☐		
Fellowship		☐		
Fellowship		☐		
Gaps over 30 days explained in writing		☐		
		☐		
Internship/Residency/Fellowship verification (per policy, e.g., if completed recently)		☐		
APPs – Graduate Education (NP / PA / CRNA / CNM; skip for physicians)				
APP graduate program (NP/PA/CRNA/CNM master's or doctoral program) verified with primary source		☐		
› Program / school name: _____		☐		
› Degree earned: _____ (e.g., MSN, DNP, MPAS/MSPA, MSNA/DNAP)		☐		
Post-graduate APP fellowship/residency, if applicable		☐		
Gaps over 30 days explained in writing		☐		

LIFE SUPPORT CERTIFICATIONS

Required per your bylaws/specialty

Item	Done	Date	Card exp. date / Notes
Copies of current life support cards uploaded (ACLS/PALS/NRP/ATLS as applicable)	☐		
Required per your bylaws/specialty (common examples - edit to match your requirements)			
ACLS/PALS – Emergency Department APPs	☐		
ACLS/PALS/ATLS – Emergency Department physicians	☐		
ACLS – Hospitalist APPs	☐		
ACLS – Hospitalist physicians	☐		
ACLS – Cardiology	☐		
PALS/NRP – Neonatology	☐		
ACLS – Pain Management	☐		
PALS – Pediatric Emergency	☐		
ACLS – Internal Medicine	☐		
ACLS – Moderate/deep sedation privileges (exclusions per policy, e.g., anesthesiology)	☐		
ATLS – Emergency/trauma (if not EM board certified, per policy)	☐		
Other: _____	☐		

PRIVILEGES / DELINEATION OF PRIVILEGES (DOP)

Item	Done	Date	Notes
Delineation of privileges reviewed and signed	☐		
Admitting privileges on DOP? ☐ Yes ☐ No (per bylaws)	☐		
Admit to ICU? ☐ Yes ☐ No	☐		
Sedation privilege form (if applicable)	☐		
Case log / activity log supports requested privileges	☐		
Requested privileges loaded in credentialing software	☐		
Department chair recommendation documented	☐		
FPPE assigned for all newly granted privileges (proctor, method, and duration documented)	☐		
Proctor / alternate provider assigned (e.g., department chief), if applicable	☐		
Temporary privileges (if requested): billing/enrollment credentialing completed first, if your organization requires it	☐		

ADVANCED PRACTICE PROFESSIONALS (APP)

Skip if not an APP

Item	Done	Date	Notes
Supervising / collaborating physician name:	☐		
Supervising physician entered as alternate provider, if applicable	☐		
Appointment / protocol approval form (practice agreement, if applicable)	☐		
› All required signatures completed	☐		
CRNA – sponsoring signature on category and privilege form, if applicable	☐		
APP national certification verified at primary source (NCCPA / AANP / ANCC / NBCRNA, as applicable)	☐		

FILE REVIEW & DISCLOSURES

Item	Done	Date	Notes
Review file disclosures	☐		
☐ Clean file (no issues)			
☐ Issue file – see Issue Notes			
Issue Notes:			
All verifications checked against the 180-day aging window	☐		

CREDENTIALING SOFTWARE / DATABASE ENTRY

Item	Done	Date	Notes
Provider Record			
Create provider record (demographics, identifiers, NPI)	☐		
Entity / facility assignment	☐		
Staff category and status (admitting, attending, referring, consulting, etc.) – match the category and privilege form	☐		
Department and specialties (including primary department)	☐		
Addresses			
Home address	☐		
Primary office / practice address	☐		
Affiliations & References			
Hospital affiliations entered (department/specialty, category, start date, good standing)	☐		
Peer references entered	☐		
Verification Activity			

Item	Done	Date	Notes
Requested start date (committee date closest to onboarding start date)	☐		
Verification activity dates entered (original, as-of, from/to dates)	☐		
Status, category, and applied-for fields updated	☐		
Coordinator review completed	☐		
Flags, Committee Notes & Assignment			
Notes – pending items added	☐		
Flags set, with flag notes / general comments for committee members	☐		
Committee and governing board dates entered	☐		
Assigned coordinator: _____ and date	☐		

CONTACT LOG & COMMITTEE READINESS

Item	Done	Date	Notes
Contact Log			
Add potential credentials committee date as the first entry	☐		
Record emails/requests for information and dates sent	☐		
Contact log complete	☐		
Committee Readiness			
All documents uploaded (grid below)	☐		
Application complete / ready for committee date entered (Key Dates & Turnaround Tracking) and days processed calculated	☐		
No verification older than 180 days on the committee decision date	☐		

Documents to Upload – final quick check

☐ CME attestation	☐ Conflict of interest	☐ Medicare practitioner acknowledgment	☐ Category and privilege form
☐ DOP	☐ Case logs	☐ Driver's license / photo ID	☐ ID verification
☐ Board verification	☐ State license verification(s)	☐ DEA registration or waiver	☐ NPDB report
☐ Updated board verification dates	☐ ACLS/PALS/ATLS/NRP	☐ Peer references	☐ Background check
☐ Malpractice COI	☐ Gap explanations	☐ Disclosure documents	☐ APP protocol form
☐ Exclusion query results (OIG, SAM, state Medicaid, Opt-Out)	☐ NPDB Continuous Query confirmation	☐ Signed release & attestation	☐ Health status attestation
☐ Work history / affiliation verifications	☐ Claims history (carrier letters)	☐ NPPES NPI printout	☐ FPPE assignment

FINAL SIGN-OFF

File complete – Coordinator signature:		Date:	
File reviewed by (QA / Manager):		Date:	
Presented to Credentials Committee:		MEC / Board:	