

Issue File Notification Sheet

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

Evaluation Form

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.

NAME:	
DEPARTMENT(S):	
☐ Initial Applicant	☐ Reappointment Applicant
☐ Off Cycle Report	

Medical Staff Office Action:

MSS Name:	
Date:	
Issues / Concerns:	

Department Chief Action:

Recommendation:	1. Application should be acted on as a: ☐ Category 1 ☐ *Category 2 ☐ Not Applicable		
*Comment required if selected	2. Applicant's request for membership and/or privileges should be: ☐ Approved ☐ *Modified ☐ *Denied ☐ Not Applicable		
Comments:			
Signature:		Date:	

Medical Staff Services Management Review:

Comments:			
Signature:		Date:	

Chief of Staff Review:

Interview Required:	☐ Yes ☐ No		
Comments:			
Signature:		Date:	

Credentials Committee Action:			
Recommendation:	1. Application should be acted on as a: ☐ Category 1 ☐ *Category 2 ☐ Not Applicable		
*Comment required if selected	2. Applicant's request for membership and/or privileges should be: ☐ Approved ☐ *Modified ☐ *Denied ☐ Not Applicable		
	3. Forward to MEC ☐ Yes ☐ No		
Comments:			
Signature:		Date:	