

Joint Commission Provider Checklist

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

Credentialing / OPPE / FPPE Audit 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.

Practitioner Name:		Date:	
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Initial Appointment – All Flagged

Documentation of Training (MD Degree, Residency, Fellowship)	☐ Yes	☐ No	☐ N/A
AMA/AOA	☐ Yes	☐ No	☐ N/A
Acknowledgement of Interim Privileges	☐ Yes	☐ No	☐ N/A
Board Letter for Initial FPPE & Memo	☐ Yes	☐ No	☐ N/A
Photo ID (government issued ID)	☐ Yes	☐ No	☐ N/A
All DOPs Signed/Documents signed	☐ Yes	☐ No	☐ N/A
Restraint Signed Document	☐ Yes	☐ No	☐ N/A

Initial (if new on staff in past 3 years) & Most Current Reappointment

Delineation of Privilege Form(s) Signed/Dated	☐ Yes	☐ No	☐ N/A
Board Certification Verification (If Certified)	☐ Yes	☐ No	☐ N/A
State Medical Board License Verification	☐ Yes	☐ No	☐ N/A
DEA License Verification	☐ Yes	☐ No	☐ N/A
Pharmacy License Verification	☐ Yes	☐ No	☐ N/A
Malpractice Insurance Verification	☐ Yes	☐ No	☐ N/A
All Provider Signatures	☐ Yes	☐ No	☐ N/A
Databank & OIG Verification	☐ Yes	☐ No	☐ N/A
Board Letter for Reappointment & Memo	☐ Yes	☐ No	☐ N/A
Restraint Signed Document	☐ Yes	☐ No	☐ N/A
Verify all departments are in your credentialing software (if practitioner has more than one department)	☐ Yes	☐ No	☐ N/A
Sedation Test (If Applicable)	☐ Yes	☐ No	☐ N/A

Expiration			
State Medical Board License Verification	☐ Yes	☐ No	☐ N/A
DEA License Verification	☐ Yes	☐ No	☐ N/A
Pharmacy License Verification	☐ Yes	☐ No	☐ N/A
Malpractice	☐ Yes	☐ No	☐ N/A
ACLS, ATLS, ABLIS, BLS, NALS, ALSO, PALS (If Applicable)	☐ Yes	☐ No	☐ N/A

Specialist Responsible for file:	
Specialist Reviewing File:	