

Reappointment Checklist

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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.

Facility:		☐ Delegated
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Save all NOTES in Contact Log

Practitioner	
Practitioners Full Name (Last, First, Middle, Degree)	
Department	
Division (section)	
Reappointment	
Committee	
Reappointment Period	

File Status	
☐ Green File	
☐ Red File (Issue)	
Issue Notes	

If no Cases/OPPE, get one peer reference per your Medical Staff Bylaws at reappointment

Staff Category	
☐ Active Staff	☐ Courtesy Staff *Must be Active Staff of another hospital –
Other hospital (Courtesy Staff):	
☐ Consulting Staff	☐ Refer & Follow Staff *No DOP required/No cases/No Peers
☐ APPs (AHP)	

Peers	
☐	
☐	
☐	

Review Staff Status and Requested Privileges

☐	Review Privileges – Compare the previous privileges. If privileges are withdrawn or new privileges requested email to provider to confirm that it is correct.
☐	Review Staff Status – Make sure they need the requirements for status being requested. Was Active now requesting Courtesy – 9/15 emailed to confirm
☐	

Certifications & Required Forms

☐	ACLS/PALS - ED APPs
☐	ACLS/PALS/ATLS - ED Physicians
☐	ACLS/PALS - Hospitalists APPs
☐	ACLS - Hospitalist Physicians
☐	ACLS - Cardiology
☐	PALS/NRP - Neonatology
☐	ACLS – Pain Management
☐	PALS – Pediatric ED
☐	ACLS – Internal Med CORE
☐	ACLS - Sedation (For all specialties excluding Cardiology, Pulmonology, Anesthesiology, CRNA)
☐	Admit to ICU? - No
☐	Staff Category and Clinical Privilege Request Form
☐	Conflict of Interest (Only for Community Providers) EMPLOYED
☐	CME Attestation
☐	APPs Sponsoring Physician Name:
☐	APPs (AHP) - Appointment/Protocol Approval Form
☐	APPs (AHP) - Appointment/Protocol Approval Form All Signatures Completed
☐	APPs (CRNA) – Sponsoring Signature on the Cat and Privilege form
☐	APPs (AHP) – Sponsoring Physician Form (Confirm Name of form)
☐	DOP
☐	Health status attestation (current ability to perform requested privileges)

File Review

☐ Complete File	☐ All pages name, signed and dated	☐ Education – Any changes from last appointment
☐ Review for New/Additional Malpractice Insurance -	☐ Add Contact log for pending items	☐ Saved and confirmed Consent is updated
☐ NPDB – Reviewed and moved	☐ ABMS	☐ Board certification – current status and MOC/expiration date
☐ Current malpractice insurance	☐ Current malpractice claims history	☐ Add Committee P & Hist
☐ Add Flag	☐ Add Committee date	☐ DEA – Current -
☐ State controlled substance registration – Current (if applicable)	☐ State License – Current	☐ Peer Reference information complete
☐ Review Professional Claims History form	☐ Added New Privileges per DOP	☐ Malpractice claims back up documentation
☐ Review Attestation Questions (Q9 should be Yes)	☐ Activity – Committee and Date	☐ Activity – Committee Progress & History
☐ OIG LEIE exclusion check	☐ SAM.gov exclusion check	☐ State Medicaid exclusion check
☐ Medicare opt-out / preclusion list check	☐ Current hospital affiliations verified	☐ Any actions against privileges or membership since last appointment

Competency

☐	Case Requirements per DOP
☐	OPPE
☐	FPPE completed since last appointment (if applicable)

Approvals

Department Chair recommendation – Date	
Credentials Committee – Date	
MEC – Date	
Governing Board – Date	
New appointment expiration date	

***Notes:

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