**Highlighted verifications <u>MUST</u> be received <u>BEFORE</u> granting temporary privileges

New Staff Physician Checklist								
Physician Name: DOB:						SS#:	Lic #:	
	Texas Standardized Credentialing Application for appointment *							
	Procedure/Privilege Delineation List complete & signed *							
	10	of DE		Email Helpdesk*		340b Panel*	NPDB Query *	
l st	2 nd		Rc'd	(a di a al Euguriu a un *				
1. 1ex	as State Board of Medical Examiners * 1. TSBME (online verification)							
2 1/2	dical S	dical School/ECFMG confirmation *						
2. IVIE	aicai S	CHOOL		1.				
2 Ma	lbract	ica Lia		nsurance *				
<i>3.</i> IVIU	ipraci			l.				
1 Dree	ofaccio	nal Ref						
4. 170	njessio 	nai Kej		<u>.</u> 1.		3.		
				2.		4.		
5 Dr	rofessional College/Academics/Associations/Societies							
9. 11	1. American Medical Association 2.							
6 Ce	6. Certifications * (where applicable) ((*ANY provider who sees Nursery, needs NRP))							
0. 00	r tijico	li lons		1. ATLS ~ Exp.		2. PALS ~ Exp.	sees (varsery, needs (vici))	
				(Physicians only)		1		
				3. ACLS ~ Exp.		*4. NRP ~ Exp. (Nursery Providers N	MUST HAVE NRP)	
7. Confirmation of Internship/Residency/Fellowship training *								
				1.				
				2.				
				3.				
8. Letters confirming Facility Affiliations								
				1.				
				2.				
				3.				
				4.				
9. Signed Medicare/Champus & Medicaid Acknowledgment Statement *								
10. Query to the Office of the Inspector General *								
11. Government Issued Identification Card *								
12. ((Employed Practitioners need to see Infection Control Nurse))								
FOR OFFICE USE ONLY:								
	 Presented to Credentials Committee Presented to the Board of Directors 					2. Presented to Medical Staff4. Administrative notification sent to physician		
	Enter Exp Dates for Licenses, Certifications and Upload the Providers Privileges to Intranet Upload the Providers Privileges to Intranet							
				con Outlook Calendar		Opioad the Providers	Privileges to intranet	