

Credentialing Checklist
Health and Medical Division

Employee Name: _____ Clinical Profession: _____

Date of Interview: _____

References: Name & Title/Date Checked/Initials:

Credentials in HMD folder:

NC and other State Licenses: _____

Academic Degree: _____

Board Certification: _____

CPR/BLS: _____

DEA#: _____

Background Checks:

National Practitioner Data Bank: _____

Excluded Provider: _____

Criminal Record: _____

Working with Children: _____

Date of Hire: _____

Credentials Folder reviewed by HMD Medical Director _____

Provider Orientation:

Code of Conduct: _____

Compliance Plan: _____

HMD Personnel Manual: _____

Employee approved to see patients/date: _____

Malpractice Insurer notified to add Employee to coverage: _____

Hospital Credentials/Privileges Packet Submitted: _____

Temporary Privileges Granted (90 days): _____

Full Privileges Granted: _____