|  |  |
| --- | --- |
| **CMHSP:** Click here to enter text. | **Date of Review:** Click here to enter a date.  |
| **Reviewer:** Click here to enter text. | **Person(s) Interviewed:** Click here to enter text. |
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| **Discussion Notes** |
| 1. Who performs the function (part of job description/evaluation)? Click here to enter text.
 |
| 1. Do you know why you are doing this? Click here to enter text.
 |
| 1. Are staff assigned to the credentialing function trained? Click here to enter text.
 |
| 1. Who reviews and makes the credentialing approval decisions? Click here to enter text.
 |
| 1. How do you ensure that credentialing processes do not discriminate against health care professionals on the basis of license, registration, or certification OR those who specialize in the treatment of conditions that require costly treatment? Click here to enter text.
	1. *Review an applicant who was denied for evidence (e.g. written notification explaining reason for denial).*
2. Clarify the process for non-licensed professionals (CBC/performance review) Click here to enter text.
 |
| 1. Internal auditing process for mid-cycle documentation updates: Click here to enter text.
 |
| 1. Record retention of primary source documents: Click here to enter text.
 |

 |
| *Staff Initials/Title* |  |  |  |  |  |  |  |  |
| **Initial Application** |
| **Complete Application** (Education, work Experience, attestations, etc.) |  |  |  |  |  |  |  |  |
| **Primary Source Verification** |  |  |  |  |  |  |  |  |
| * State Licensure
 |  |  |  |  |  |  |  |  |
| * Criminal Background Check complete & frequency
* Central Registry Check complete (if working with minors/children)
 |  |  |  |  |  |  |  |  |
| * Medicaid/Medicare Sanctions

Frequency |  |  |  |  |  |  |  |  |
| * Education/Internship/Residency

(Physicians, NP, PA, ETC). Indicate if waiver is used (e.g. home based) |  |  |  |  |  |  |  |  |
| * Employment verification
 |  |  |  |  |  |  |  |  |
| **Measures of Current Clinical Competency in Areas of Work/Privilege**  |  |  |  |  |  |  |  |  |
| **Appropriate Credentials/Privileges Assigned** |  |  |  |  |  |  |  |  |
| * QI/Performance Monitoring
 |  |  |  |  |  |  |  |  |
| * Performance Evaluation
 |  |  |  |  |  |  |  |  |
| * Peer Review
 |  |  |  |  |  |  |  |  |
| **Appropriate Credentials/Privileges requested/Assigned** |  |  |  |  |  |  |  |  |
| **Proof of Liability Coverage** |  |  |  |  |  |  |  |  |
| **MCBAP Credential**  |  |  |  |  |  |  |  |  |
| **Re-Credentialing** |
| **Complete Application** (Education, work Experience, attestation, etc.) |  |  |  |  |  |  |  |  |
| **Primary Source Verification Updates** |  |  |  |  |  |  |  |  |
| * Licensure
 |  |  |  |  |  |  |  |  |
| * Criminal Background Check
 |  |  |  |  |  |  |  |  |
| * Medicaid/Medicare Sanctions

Frequency |  |  |  |  |  |  |  |  |
| **Measures of Current Clinical Competency in Areas of Work/Privilege**  |  |  |  |  |  |  |  |  |
| * QI/Performance Monitoring
 |  |  |  |  |  |  |  |  |
| * Performance Evaluation
 |  |  |  |  |  |  |  |  |
| * Peer Review
 |  |  |  |  |  |  |  |  |
| **Proof of Liability Coverage** |  |  |  |  |  |  |  |  |
| **Appropriate Credentials/Privileges requested/Assigned** |  |  |  |  |  |  |  |  |
| **Other** |
| **Record Maintenance** |  |
| **Assigned Staff** |  |
| **Credentialing Committee** |  |
| **List of Denied Application(s) & Notices** |  |
| **Ownership & Controlling Interest Disclosure** |  |

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| **Strengths:** Click here to enter text. |
| **Findings:** Click here to enter text. |
| **Recommendations:** Click here to enter text. |