

Credentialing and Privileging for Members of the Medical Staff

This just outlines the **basic** process for credentialing and privileging.

1. HR notifies the Medical Staff Office Coordinator/AA of an upcoming hire to the CVH Medical Staff.
2. An application packet is sent out to the applicant with a two week requested turn-around time. Application includes 5 page application, Health Status Form, Delineation of Privileges for those requested, Privilege Request Form, CPR information, Night and Weekend Duty information along with a copy of our Medical Staff By-Laws and Rules and Regulations.
3. HR informs the Medical Staff Office of the Hire Date and Employee Number.

Once the application is received:

1. The application is placed into the credentialing binder.
2. AMA Profile is requested and reviewed to verify Medical School; Internship/Residency; Fellowship, Board Certification(s) as listed in the application and/or CV.
3. Primary source verification of Medical License is done.
4. Primary source verification of CT Controlled Substance Registration is done.
5. Primary source verification of DEA is done.
6. Current CPR is verified or verification of scheduled CPR during orientation.
7. National Practitioner Data Bank is requested and reviewed for any adverse reports.
8. Primary source verification of the OIG List of Exclusions is done.
9. Three (3) letters of reference are requested.
10. Clinical competence questionnaire from all past employers collected.
11. Clinical competence questionnaire from Internship/Residency, Fellowship collected.
12. Health Status Form is signed off by the appropriate Medical Director.
13. Medical Director reviews the performance file.
14. Privilege Request Form is reviewed and signed off on by the appropriate Medical Director.
15. After all documentation is in place, the file is signed off on by the Medical Staff Office Coordinator/AA (Michele Palmieri) and a member of the Credentialing and Privileging Committee reviews and presents it to the Committee. Once approved by Credentialing and Privileging, it is sent to the ECMS for review and approval. Once ECMS approves it, the file goes to Governing Body for final approval.
16. Letter from CEO is sent out with Appointment Acceptance form to be returned to the Medical Staff Office upon receipt.
17. Pharmacy is notified of new hires (DEA, CSR, Medical License)

The process for a reappointment is the same. Reappointment takes place every two years.