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Section 1. Credentialing and Privileging: The Basics

What Is Credentialing?

“Credentialing” is the process of assessing and confirming the license, certification, education, training, and other qualifications of a healthcare professional and is the first step in the credentialing and privileging process. Examples include clinical staff, such as physicians, nurse practitioners, registered nurses, and other licensed or certified healthcare practitioners (see Who Needs to Be Credentialed and Privileged?). Credentialing verifies the identity of a professional and his or her licenses, certifications, and qualifications.

What Is Privileging?

“Privileging” is the process of authorizing a professional's specific scope and content of patient care services and is the second step in the credentialing and privileging process. Once the health center has credentialed the professional, the privileging process is initiated so that the health center can authorize the professional to provide specific services to its patients. Privileging involves an assessment of the professional’s skills, competencies, and performance (which can be assessed by evaluating peer review and performance improvement data) as well as the needs and scope of services of the health center. Verification of fitness for duty, immunizations, communicable disease status, and current clinical competence is included in the privileging process (see Section 3. Sample Initial Privileging Process).

Remember:

Credentialing and privileging are two complementary but separate and distinct processes. Credentialing precedes privileging.
Credentialing and Privileging Guide for Health Centers

Why Are Credentialing and Privileging Important?

Credentialing and privileging are important for a few reasons:

- **Quality care:** Ensures that professionals have the education, knowledge, and competence to provide quality patient care.
- **Patient safety:** Filters out potentially troublesome professionals before they begin practicing in a health center.
- **Risk management:** Reduces the risk of lawsuits that result from failures related to credentialing, as well as the risk of medical errors.
- **Compliance:** Helps ensure compliance with Health Center Program and FTCA Program requirements.

Who Needs to Be Credentialed and Privileged?

After the health center determines its staffing plan, professionals should be appropriately credentialed. The health center has credentialing and privileging procedures in place that apply to clinical staff who are employees, individual contractors, and volunteers. This includes licensed independent practitioners (LIPs) (e.g., physicians, dentists, nurse practitioners, physician assistants), other licensed or certified healthcare practitioners (OLCHPs) (e.g., registered nurses, licensed practical nurses, certified medical assistants, social workers, dental hygienists), and other clinical staff providing services on behalf of the health center (e.g., medical assistants or community health workers in states, territories, and jurisdictions that do not require licensure or certification). For more information on Health Center Program and FTCA Program requirements, see Health Center Program Compliance Manual.

What Is the Process for Checking and Verifying Credentials?

For credentialing, check these sources (see Health Center Program Compliance Manual):

- Current licensure, registration, or certification using a primary source
- Education and training for initial credentialing (using primary sources for LIPs, and primary or other sources [as determined by the health center] for OLCHPs and any other clinical staff)
- Results of a National Practitioner Data Bank (NPDB) query
- Government-issued picture identification for initial credentialing
- Drug Enforcement Administration registration
- Basic Life Support training

Do not forget to query the NPDB, which is an electronic information repository created by Congress that contains information on medical malpractice payments and certain adverse actions related to healthcare professionals as well as entities, providers, and suppliers. However, the NPDB may not contain complete adverse information on a particular professional, and health centers should use NPDB query results together with information from other sources.

Health centers can use the NPDB continuous-query option to receive e-mail notifications within 24 hours of a report received by the NPDB.

Remember:

The health center determines how credentialing will be implemented. For example, a health center may contract with a credentials verification organization (CVO) to perform credentialing activities or it may have its own staff conduct credentialing.
What Are Primary and Secondary Source Verification?

**Primary source verification** is verification by the original source, or an approved agent of the source, of a specific credential to confirm the accuracy of information or qualifications provided by an individual healthcare professional. This verification may include direct correspondence and telephone, fax, e-mail, or paper reports received from original sources (e.g., telephone confirmation from an educational institution that the individual graduated with the degree[s] listed on his or her application).

Reports from credentials verification organizations also count as primary source verification, as does verification from databases such as the American Medical Association Physician Masterfile.

**Secondary source verification** is verification by methods other than from a primary source as determined by the health center. Examples include viewing the original credential or using a notarized copy of the credential or a copy of the credential (when copied by an authorized participant in the health center credentialing process). Secondary source verification can be used when primary source verification is not required.

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**Best Practice:**

*For reasons of quality and safety, primary source verification is preferable.*

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What Are the Minimum Requirements for Source Verification?

First, determine whether the professional is an LIP, OLCHP, or other clinical staff. Health centers will need to check their state’s scope of practice laws and their organization’s operating procedures to determine this.

- **LIP:** Any individual permitted by law to provide care and services independently without direction or supervision (e.g., physician, dentist, nurse practitioner, nurse midwife). These services are within the scope of the professional’s license and consistent with individually granted clinical privileges.

- **OLCHP:** A professional who is licensed, registered, or certified but not permitted by law to provide patient care services independently without supervision (e.g., registered nurses, licensed practical nurses, social workers, certified medical assistants, dental hygienists).

- **Other clinical staff:** An individual who is not licensed, certified, or registered but participates in part of the care process (e.g., medical assistants who are not certified, community health staff).

Although all clinical staff require credentialing, the difference lies in whether primary or secondary source verification should be used for specific credentials. Once it has been determined whether a professional is an LIP, OLCHP, or other clinical staff, see Appendix A, Credentialing and Privileging Summary for Clinical Staff to determine whether to use primary or secondary source verification for that particular professional.
For Privileging, What Sources of Information Should Be Checked and Verified?

The health center should have operating procedures in place to initiate the privileging process by confirming the professional’s fitness for duty, or the ability to perform the duties of the job in a safe, secure, productive, and effective manner; up-to-date immunizations; and the absence of communicable diseases (see Health Center Program Compliance Manual).

The next step is to determine how the health center assesses and verifies current clinical competence. Verification methods include training, education, and reference reviews for initial privileging, and peer review or other comparable methods for renewal of privileges status (for example, a health center may use peer review conducted by its own professionals or may contract with another organization to conduct peer review).

For privileging LIPs, health centers can verify competence to perform a particular procedure or provide a particular treatment by a number of methods. Examples of how health centers can verify competence include checking satisfactory completion of a course of study from a recognized and certifying educational institution, direct observation of the professional’s competence by a supervising clinician who has privileges in that specific area, or direct proctoring of the professional by a qualified clinician.

For privileging OLCHPs and other clinical staff, health centers can verify competency through an orientation process during which a supervisor evaluates the individual’s clinical qualifications and performance based on his or her job description.

Resources

The Centers for Disease Control and Prevention (CDC) and many states have standards for immunization and communicable disease status. The CDC website provides more information.

Remember:

Health centers should have criteria and processes for modifying or removing privileges based on the outcomes of clinical competence assessments.
What Are the Credentialing and Privileging Requirements for Contract Staff?

According to the Health Center Program Compliance Manual, health centers are permitted to utilize contracts or formal, written referral agreements with provider organizations (e.g., group practices, staffing agencies) in order to ensure that the health center can carry out all required and additional services included in the HRSA-approved scope of project. The health center ensures that professionals are credentialed in accordance with applicable federal, state, and local laws to ensure appropriate licensure, certification, and registration and that they are privileged to ensure competency and ability to perform the contracted or referred services.

What Are the Next Steps after Verifying Information for Credentialing and Privileging?

The next step is for the health center to determine who has approval authority for credentialing and privileging of clinical staff. The approving entity should use the information gathered to make a determination regarding whether or not to approve the professional’s clinical privileges. Depending on the processes at the health center, approval may be the responsibility of the board, a credentialing committee, senior leadership, or some combination.

For a comprehensive program, the health center determines whether to:

- Deny, modify, or remove privileges
- Use an appeals process
- Implement corrective action plans in conjunction with the denial, modification, or removal of privileges

How Often Should the Health Center Renew Credentials and Privileges?

On a recurring basis, health centers review each professional’s credentials (e.g., licensure, registration, certification, training, NPDB check) and current clinical competence (e.g., peer review results, supervisory performance reviews) and determine whether to renew his or her credentials and privileges. Generally, a one- or two-year review period is the industry standard for patient safety and risk management purposes. As a best practice, health centers may have processes for collecting performance data (such as through chart review, direct observation, peer review) on an ongoing basis, not just when credentials and privileges are due for renewal. Health centers may also set reminders for expiring credentials and ensure that such credentials are verified before they expire. See Appendix A, Credentialing and Privileging Summary for Clinical Staff to determine which information should be reviewed and whether to use primary or secondary source verification.

Whenever a professional wants to add a new procedure to his or her scope of privileges, the professional should be privileged to ensure that he or she has the skills, expertise, training, and competence to perform that procedure. Also, remember that the procedure should be included in the health center’s scope of project to be covered by FTCA.

Resources

Health centers can activate their FREE access to the ECRI Institute Clinical Risk Management Program by contacting Clinical_RM_Program@ecri.org.

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Can I Issue Temporary Privileges to Respond to Public Health Emergencies?

Temporary privileges are allowed to support healthcare professionals, including volunteers, in responding to declared public health emergencies affecting the health center’s patient population or community at large or, if an emergency has not been declared, in case-by-case exceptions approved by HRSA (see PAL 2017-07). In such cases, the CEO or executive director of the health center may grant temporary privileges upon expedited review and verification of:

- Government-issued picture identification
- Current licensure using a primary source (if primary source verification cannot be obtained, the health center can accept secondary source verification as long as attempts to obtain primary source verification are documented)
- Claims history by checking NPDB (or by attestation from the professional if NPDB reports are not available)
- Fitness to perform requested services/duties by reviewing privileging forms and/or at least one reference from the current or most recent employer

Temporary privileges may be granted for no more than 90 days. After 90 days, the health center should have completed the required standard credentialing and privileging procedures in order to grant full privileges.

What Is the Best Way to Keep Credentialing and Privileging Information Organized?

The health center maintains files or records for its clinical staff, which includes health center employees, individual contractors, and volunteers, that contain documentation of licensure and credentialing verification and recording of privileges, consistent with the health center’s operating procedures (see Health Center Program Compliance Manual). As a best practice, keep each file complete and organized. The health center may want to designate an individual who is responsible for reviewing and monitoring files to identify any items that might be missing or expiring and act promptly to collect or recover any missing or expiring information.

Where Can I Find More Information on Credentialing and Privileging?

Health centers can refer to Health Center Program Compliance Manual for credentialing and privileging requirements under the Health Center Program and FTCA Program.

Resources

Throughout this document, relevant resources have been embedded within the text. See below for full hyperlinks for some of these resources.

- CDC. What Vaccines Are Recommended for You? [Link]
- ECRI Institute. Credentialing Application Packet. [Link]
- HRSA. Health Center Program Compliance Manual (Chapter 5). [Link]
- HRSA. National Practitioner Data Bank. [Link]
- HRSA. Program Assistance Letter (PAL) 2017-07. [Link]
What Are the HRSA Credentialing and Privileging Requirements?

The Health Center Program Compliance Manual includes credentialing and privileging requirements and supersedes previous guidance. Current guidelines are found in Health Center Program Compliance Manual.

- Health centers have clinical staff (or contracts or formal referral agreements in place with other providers or provider organizations) to carry out all required and additional services included in the HRSA-approved scope of project.

- “Clinical staff” are defined as LIPs, OLCHPs, and other clinical staff providing services at the health center.

- The designation “other clinical staff” includes employees who are not licensed, certified, or registered staff but who participate in some part of the care process (e.g., medical assistants or community health workers).

- For initial credentialing and recredentialing, current licensure, registration, and certification are verified using primary sources for all clinical staff. Education and training for initial credentialing can be verified using primary sources for LIPs and primary or other health center-determined sources for OLCHPs and any other clinical staff.

- In states in which the licensing agency, specialty board, or registry conducts primary source verification of education and training, the health center would not be required to duplicate primary source verification when completing the credentialing process.

- As part of the privileging process, health centers verify fitness for duty (i.e., the ability to perform the duties of the job in a safe, secure, productive, and effective manner), immunization, and communicable disease status. For initial privileging, current clinical competence is verified via training, education, and, as available, reference reviews. For renewal of privileges, current clinical competence is verified via peer review or other comparable methods (e.g., supervisory performance reviews).

- Health centers have processes for denying, modifying, or removing privileges based on assessments of clinical competence and/or fitness for duty. Health centers determine whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges.

- Health centers maintain files or records for all clinical staff. These documents contain information on licensure and credentialing verification and recording of privileges.

- If health centers contract with other provider organizations, the health centers ensure that professional clinical staff are licensed, certified, or registered as verified through a credentialing process in accordance with applicable federal state and local laws and competent and fit to perform the contracted or referred services as assessed through a privileging process.

- Health centers determine who has approval authority for credentialing and privileging clinical staff.

- An appeals process for denial of privileges is not mandated. Health centers decide whether such a process will be part of the credentialing and privileging process.
Section 2. Sample Initial Credentialing Process

Follow these steps when conducting the initial credentialing process for clinical staff who are applying for appointment in the health center.

To initiate the process, refer to the discussion “Who Needs to Be Credentialed and Privileged?” in Section 1 of this guide.

**Step 1:** Issue an application to the professional and provide clear information about the application, required documents, and deadlines.

**Step 2:** Receive a completed application packet and create a credentialing and privileging file. Verify that all required information is completed. See Section 5. Preparing Credentialing Files.

**Step 3:** Review and verify license, registration, and certification using primary sources.

**Step 4:** Review education and training using primary sources.

**Step 5:** Query the National Practitioner Data Bank (NPDB). Document results and include with application.

**Step 6:** Verify identity using a government-issued picture identification.

**Step 7:** Confirm Drug Enforcement Administration registration and documentation of current Basic Life Support training.

**Step 8:** Initiate the privileging process by verifying fitness for duty and current clinical competence. See Section 3. Initial Privileging Process.

**Tip:** Refer to Chapter 5 of the Compliance Manual for complete guidelines.

**Tip:** If any information is missing from the application, notify the professional immediately. As a best practice, set a timeframe (e.g., 60 days) for the professional to resubmit the requested information before the application is marked as incomplete.

**Tip:** See Appendix C. Sample Tool: Credentialing and Privileging Tracking to help track the process.
Section 3. Sample Initial Privileging Process

After conducting the initial credentialing process according to the steps in Section 2, Initial Credentialing Process, follow this series of steps for initial privileging of the clinical staff.

To initiate the privileging process, refer to the discussion “Who Needs to Be Credentialed and Privileged?” in Section 1 of this guide.

Remember: The health center determines who has approval authority for credentialing and privileging of clinical staff. See the discussion “I Have Verified All Information as Part of Credentialing and Privileging. Now What?” in Section 1 of this guide.

Tip: The job description should help to define the scope of services.

Remember: Requested privileges are for services the professional is licensed, certified, trained, and competent to perform and that the health center has the capacity to support. The health center determines whether to deny privileges.

Step 1: Review the privileges that the professional requested when submitting his/her initial application packet.

Step 2: Confirm that the requested privileges are appropriate for the professional’s training, specialty, and services that he/she will provide at the health center.

Step 3: Verify fitness for duty, immunizations, and communicable disease status.

Step 4: Verify current clinical competence via training, education, and, as available, reference reviews.

Step 5: Forward credentialing and privileging file for review according to health center operating procedures.

Step 6: Ensure that the approving entity reviews the information, interviews the professional if appropriate, and determines whether to approve or deny privileges. Sign the decision, document in the professional’s credentialing and privileging file, and update tracking list.

Step 7: Notify the professional in writing of the decision to approve or deny privileges. For denied privileges, offer the opportunity to appeal if consistent with health center operating procedures.
Section 4. Sample Renewal of Credentials and Privileges

Follow these steps when renewing the credentials and privileges of healthcare professionals who work in your health center. Health centers should include in their operating procedures when professionals are due for renewal of credentials and privileges. Generally, a one or two year review period is the industry standard for patient safety and risk management purposes.

**Remember:** Health centers should have processes in place for collecting performance data (e.g., chart review, direct observation, and peer review) on an ongoing basis, not just every two years, and should make sure they are verifying documents that expire prior to the two-year renewal period.

**Tip:** Health centers should use a tracking system or Excel spreadsheet to determine when professionals are due for renewal or when documents expire.

1. Notify the professional that his/her credentials/privileges are due for renewal.

2. Review the professional's application for renewal. Verify current clinical competence via peer review results, supervisory performance reviews, and performance improvement data.

3. Submit recommendations to the approval body established by the health center.

4. The approving authority's signature confirms the renewal of the professional's credentialing/privileging.

5. File the decision in the professional's credentials file, update the tracking list, and notify the professional.

**Tip:** Convey to professionals that to avoid a disruption in services and seeing patients, all professionals must be re-credentialed and re-privileged before the expiration of their current privileges. Failure to act timely may also impact FTCA coverage.

**Tip:** If the approving entity rejects the renewal, notify the professional. For denied privileges, offer the opportunity to appeal if consistent with health center operating procedures. Maintain documented evidence of the denial.
Section 5. Preparing Credentialing Files

The health center keeps credentialing files or records for all clinical staff and includes all documents related to credentialing and privileging in that file (see Health Center Program Compliance Manual). As a best practice, keep each file complete and organized. The health center may want to designate an individual who is responsible for reviewing each file to identify any items that might be missing or expired.

The following guide can help ensure that files are organized.

- File contents should be available in an organized manner:
  - Section I. Application
    - Government-issued picture identification
    - Application (signed and date stamped) (see Credentialing Application Packet for a sample)¹
    - Curriculum vitae (CV)¹
    - National provider identifier number¹
    - List of current health insurance participation with health insurance provider identification numbers¹
    - Criminal background check¹
  - Section II. Clinical privileges
    - Delineation of privileges (once approved by the health center)
  - Section III. Education, registration, and certification
    - Certificates/diplomas for all educational degrees and postgraduate training
    - Board certification or board eligibility verification
    - Basic Life Support (BLS) training verification
    - Continuing medical education (CME) credits form¹
    - Educational Commission for Foreign Medical Graduates (ECFMG)¹, ²
    - Registration verification²
    - Certificates such as:²,³
      - Advanced Cardiovascular Life Support (ACLS)
      - Advanced Trauma Life Support (ATLS)
      - Pediatric Advanced Life Support (PALS)
      - Neonatal Resuscitation Program (NRP)

¹ Recommended for file completeness, but not required
² As applicable
³ May be required under some state regulations
- Section IV. Licenses
  - State licenses
  - Drug Enforcement Administration (DEA) license
  - Controlled Dangerous Substance (CDS) registration

- Section V. Professional experience/profile
  - National Practitioner Data Bank (NPDB) query
  - Office of Inspector General (OIG) query

- Section VI. Miscellaneous information and correspondence
  - Verification of fitness for duty
  - Professional references
  - Affiliation attestation
  - Verification letters from affiliates (hospital or healthcare privileges)
  - Professional liability insurance
  - Summary description of professional liability claims and lawsuits for the past 10 years
  - Collaborative practice agreement
  - Release of information form
  - Release for criminal background check form
  - Peer reference letters
  - Purified protein derivative (PPD) results (recent)
  - Proof of immunization status

- Ensure information is updated and is consistent with the health center’s operating procedures. For example, if professionals are re-credentialed every two years, documentation in the file indicates that the process took place every two years
- Include proof that licenses, registrations, and certifications were renewed before they expired
- Include proof of the approving entity’s decision related to credentialing and privileging (i.e., written document signed by the approving entity according to health center operating procedures).
- Keep peer review information in a separate file. Peer review information should not be included in the professional’s credentialing file

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1 Recommended for file completeness, but not required
2 As applicable
3 May be required under some state regulations
Section 6. Checklist of Credentialing and Privileging Processes

Previous sections of this guide have covered the basics of credentialing and privileging; explained the processes for initial credentialing, initial privileging, and renewal of credentials and privileges; and provided guidance for preparing credentialing and privileging files. The following checklist summarizes the abovementioned sections and information contained in Health Center Program Compliance Manual for the steps of the credentialing and privileging process. The tools and checklists here incorporate suggested practices and provide health centers with a way to track their progress and organize materials for individuals credentialed and privileged at their facilities.

Pre-credentialing Preparation

- Review the Compliance Manual for information on Health Center Program and Federal Tort Claims Act (FTCA) Program requirements for health centers, including credentialing and privileging requirements
- Develop and implement operating procedures relating to credentialing and privileging, including:
  - Who will authorize credentialing and privileging at your health center
  - Who needs to be credentialed and privileged (i.e., a staffing plan and staffing levels for employees, individual contractors, and volunteers)
  - What criteria and processes will be used for credentialing and privileging
  - What criteria and processes will be used for modifying or removing privileges based on the outcomes of clinical competence assessments
  - What criteria and processes will be used to determine whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges
  - How credentialing will be implemented (e.g., employed staff conduct credentialing, health center contracts with a credentials verification organization)
  - What processes will be used for renewal of credentials and privileges, including how often credentials and privileges will be renewed
  - Whether or not to implement an appeals process. Delineation of the appeals process would need to be included in health center operating procedures
  - Whether state regulations require screening for specific infectious diseases and vaccinations for clinical staff
  - As a best practice, ensure that credentialing and privileging operating procedures are approved and signed by the board
  - If the health center contracts or has formal written referral agreements with provider organizations, group practices, staffing agencies, or training programs, ensure that such contain provisions for credentialing and privileging according to the guidelines defined by HRSA and applicable state, federal, and local laws

Initial Credentialing

- Start the credentialing process promptly with a keen awareness of due dates and timelines
- Give an application packet to the professional and provide clear information about steps in the application, required documents, and deadlines
- Receive a completed application packet for clinical privileges and create a credentialing and privileging file (see Section 5. Preparing Credentialing Files)
- Verify whether all required information is completed and develop a checklist of any remaining documents needed from the applicant. Consider using a paper or computer tracking system to confirm the receipt of all documents (see Appendix B. Sample Tool: Credentialing and Privileging Tracking)
- Review license, registration, and certification for all clinical staff using primary sources
- Review education and training using primary sources for licensed independent practitioners
- Query the National Practitioner Data Bank (NPDB). Document the results and include with the application
Credentialing and Privileging Guide for Health Centers

- Verify identity using a government-issued picture identification
- Confirm Drug Enforcement Administration (DEA) registration (if applicable)
- Confirm documentation of current Basic Life Support skills
- Initiate the privileging process by verifying health status and current clinical competence

Initial Privileging

- Review the privileges that the professional requested when submitting his or her initial application packet. Confirm that the requested privileges are appropriate for the professional’s training, specialty, job description, and services that he or she will provide at the health center
- Confirm the applicant’s fitness for duty\(^1\), immunization, and communicable disease status\(^2\)
- Assess and verify clinical competence via education, training, and, as available, reference reviews
- Forward the credentialing and privileging file for review according to health center operating procedures
- As a best practice, ensure that the approving entity is responsible for:
  - Reviewing the information
  - Interviewing the professional if appropriate
  - Determining whether to approve or deny privileges
  - Signing the decision
  - Document the decision in the professional’s credentialing and privileging file
  - As a best practice, update the tracking list
  - As a best practice, notify the professional in writing of the decision to approve or deny privileges. If denied, offer the opportunity to appeal, if part of health center operating procedures
- Whenever a professional wants to add a new procedure to his or her scope of privileges, conduct privileging to ensure that he or she has the skills, expertise, training, and competence to perform that procedure

Renewal of Credentials and Privileges

- Start the renewal process promptly with a keen awareness of due dates and timelines
- Notify the professional that his or her credentials or privileges are due for renewal and send an application packet
- Review the professional’s:
  - Application for renewal
  - Professional licenses and credentials to ensure they are current. It may be preferable to keep a spreadsheet of DEA, licensure, or other expirations for each of the credentialed professionals. Any updates or new credentials should be incorporated in the file during the renewal of privileges
- Current clinical competence via peer review results or other comparable methods (e.g., supervisory performance reviews, satisfactory completion of a course of study from a recognized and certifying educational institution for additional skills added to initial privileging)
- Submit recommendations to the approving body established by the health center
- Ensure that the approving body reviews all information and recommendations and makes a decision
- Document the decision in the professional’s credentialing and privileging file
- As a best practice, update the tracking list
- As a best practice, notify the professional in writing of the decision to approve or deny privileges. If denied, offer the opportunity to appeal, if part of the health center’s operating procedures

Ongoing Activities

- On an ongoing basis, review and evaluate the care provided by each credentialed practitioner (e.g., peer review results, performance improvement data) to ensure that competence is maintained and is

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\(^1\) Fitness for duty (formerly referred to as “health fitness”) is the ability to perform the duties of the job in a safe, secure, productive, and effective manner.

\(^2\) See state recommendations or standards for provider immunization and communicable disease screening or Centers for Disease Control and Prevention recommendations at [http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html](http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html).
consistent with clinical privilege. Generally, a one- or two-year review period is the industry standard for patient safety and risk management purposes

☐ Set reminders for expiring credentials to ensure that items are verified and renewed before the expiration date

☐ As a best practice, review and evaluate any results received using the NPDB continuous-query option. E-mail notifications will be sent to the health center within 24 hours of a report received by the NPDB

☐ Maintain complete and organized documentation and records. As a best practice, designate an individual who is responsible for maintaining and reviewing each file to identify any items that might be missing or expired and act promptly to collect or recover any missing information

☐ Protect the confidentiality of credentialing and privileging information and take steps to prevent unauthorized disclosure of information. As a best practice, use physical safeguards (e.g., locks for filing cabinets) for paper files and electronic safeguards (e.g., password protection) for electronic files. Do not file peer review information in credentials files

☐ Periodically review credentialing and privileging operating procedures to ensure that they reflect current laws, regulations, and standards

☐ Review contracts with outside agencies, such as group practices and staffing agencies, to ensure that they still meet the requirements for the credentialing and privileging process as defined by HRSA
Appendix A. Credentialing and Privileging Summary for Clinical Staff

The credentialing and privileging process applies to clinical staff who are health center employees, individual contractors, and volunteers licensed or certified as applicable under state law. This includes licensed independent practitioners (LIPs) and other licensed or certified healthcare practitioners (OLCHPs) as well as other clinical staff providing services on behalf of the health center. For more information on clinical staffing, see Health Center Program Compliance Manual.

Both primary and secondary sources provide verification of credentials. Although secondary source verification is acceptable for many items, primary source verification minimizes risk and is preferable as a best practice for reasons of quality and patient safety.

<table>
<thead>
<tr>
<th>Verification of Credentialing and Privileging Activity</th>
<th>Licensed or Certified Healthcare Practitioner</th>
<th>Non-licensed/Certified/Registered Clinical Staff*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Licensed Independent Practitioner</td>
<td>Other Licensed or Certified Healthcare Practitioner</td>
</tr>
<tr>
<td>Examples of staff</td>
<td>Physicians, dentists, nurse practitioners, physician assistants</td>
<td>Registered nurses, licensed practical nurses, certified medical assistants, registered dietitians</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Credentialing Activities¹:</th>
<th>Verification Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure, registration, certification</td>
<td>Primary source</td>
</tr>
<tr>
<td>Education and training</td>
<td>Primary source**</td>
</tr>
<tr>
<td>National Practitioner Data Bank (NPDB) query</td>
<td>Secondary source²</td>
</tr>
<tr>
<td></td>
<td>Copy of NPDB report or documentation that the health center is signed up for NPDB continuous query</td>
</tr>
<tr>
<td>Government-issued picture identification</td>
<td>Secondary source</td>
</tr>
<tr>
<td>Immunization status (if applicable)³</td>
<td>Secondary source</td>
</tr>
<tr>
<td>Life support training</td>
<td>Secondary source</td>
</tr>
<tr>
<td>Drug Enforcement Administration registration⁴</td>
<td>Secondary source</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

¹ For OLCHPs, the initial credentialing activity for Medical assistants or community health workers is typically the medical assistant's education and training with a certificate of course completion. The verification method for OLCHPs depends on the specific role and education.

² For OLCHPs, the NPDB query is not applicable as they are not required to participate. For LIPs, the NPDB query is a requirement for continuous query.

³ For OLCHPs, the Immunization status is typically a certificate of course completion. For LIPs, it could be a certification of completion of a course or training.

⁴ For OLCHPs, the Drug Enforcement Administration registration is not applicable. For LIPs, it could be a certificate of course completion.
<table>
<thead>
<tr>
<th><strong>Initial Privileging Activities</strong>¹</th>
<th><strong>Verification Method</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical competence</strong></td>
<td>Primary source (training, education, references)</td>
</tr>
<tr>
<td><strong>Fitness for duty</strong></td>
<td>Secondary source*</td>
</tr>
<tr>
<td><strong>Hospital admitting privileges</strong></td>
<td>Secondary source</td>
</tr>
<tr>
<td><strong>Clinical privileges according to job description</strong></td>
<td>Secondary source</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Renewal or Revision of Privileges</strong>²</th>
<th><strong>Verification Method</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current licensure, registration, certification</strong></td>
<td>Primary source*</td>
</tr>
<tr>
<td><strong>New (additional) privileges according to health center scope</strong></td>
<td>Secondary source</td>
</tr>
<tr>
<td><strong>Current clinical competence</strong></td>
<td>Primary source (peer review, supervisory performance review)</td>
</tr>
<tr>
<td><strong>National Practitioner Data Bank query</strong></td>
<td>Secondary source</td>
</tr>
<tr>
<td><strong>Appeal of discontinued appointment or appeal of denied clinical privileges (optional)</strong></td>
<td>Health center process according to operating procedures</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Ongoing basis (e.g., at least every two years)</td>
</tr>
</tbody>
</table>

*This item has changed from previous guidance and practices.

** In states in which the licensing agency, specialty board, or registry conducts primary source verification of education and training, the health center would not be required to duplicate primary source verification when completing the credentialing process.

¹The health center determines who has approval authority for credentialing and privileging of clinical staff
²For reasons of quality and safety, primary source verification is preferable
³See state recommendations or standards for provider immunization and communicable disease screening or Centers for Disease Control and Prevention recommendations at [http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html](http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html)
⁴Some professionals may also have a Controlled Dangerous Substance registration
Appendix B. Sample Tool: Credentialing and Privileging Tracking

Health centers can use the following tool to help track and file the completion of professionals’ initial credentials and privileges. Some states may require additional items.

<table>
<thead>
<tr>
<th>Credentialing and Privileging Tracking</th>
<th>Applicant Name</th>
<th>Applicant Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document(s)</strong></td>
<td><strong>Date Sent</strong></td>
<td><strong>Date Returned</strong></td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td>Send to Applicant</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Fitness for duty verification</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Welcome letter¹</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Application¹</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Affiliation attestation¹</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Delineation of privileges form¹</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Professional liability claims history form¹</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Continuing medical education (CME) form¹</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Release for criminal background check form¹</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Release of information form for peer references¹</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Collaborative practice agreement form¹</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Health center credentialing and privileging operating procedures</td>
<td></td>
</tr>
</tbody>
</table>
### Step 2: Compile Credentials File Contents

#### Section I—Application
- Government-issued picture identification (copy)
- Application (signed and date stamped)\(^1\)
- Curriculum vitae (CV)\(^1\)
- National provider identifier number\(^1\)
- List of current health insurance participation with health insurance provider identification numbers\(^1\)
- Documentation of criminal background check (date stamped)\(^1\)

#### Section II—Clinical Privileges
- Delineation of privileges form (once approved by the health center)

#### Section III—Education, Registration, and Certification
- Undergraduate diploma (copy) (requires primary source verification for licensed independent practitioners [LIPs])
- Postgraduate diploma (copy) (requires primary source verification for LIPs)
<table>
<thead>
<tr>
<th>Document(s)</th>
<th>Date Sent</th>
<th>Date Returned</th>
<th>Reviewed By</th>
<th>Missing Information</th>
<th>1st Date Follow-Up</th>
<th>2nd Date Follow-Up</th>
<th>Outcome</th>
<th>Completed Task Sign-Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical school diploma (copy) (requires primary source verification for LIPs)</td>
<td></td>
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<tr>
<td>Residency certificate (copy) (requires primary source verification for LIPs)</td>
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<td></td>
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<tr>
<td>Fellowship certificate (copy if applicable) (requires primary source verification for LIPs)</td>
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<tr>
<td>Board certification specialty (requires primary source verification)</td>
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<tr>
<td>Board certification specialty eligibility—scheduled date of certification (requires primary source verification)</td>
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<tr>
<td>Basic Life Support date</td>
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<td></td>
</tr>
</tbody>
</table>
| CME credits form (signed)
| Educational Commission for Foreign Medical Graduates (ECFMG) certification
| Registration verification

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### Credentialing and Privileging Guide for Health Centers

<table>
<thead>
<tr>
<th>Document(s)</th>
<th>Date Sent</th>
<th>Date Returned</th>
<th>Reviewed By</th>
<th>Missing Information</th>
<th>1st Date Follow-Up</th>
<th>2nd Date Follow-Up</th>
<th>Outcome</th>
<th>Completed Task Sign Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Other certificate(s)², ³</td>
<td></td>
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<tr>
<td>1. Advanced Cardiovascular Life Support date</td>
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<tr>
<td>2. Advanced Trauma Life Support date</td>
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<td>3. Pediatric Advanced Life Support date</td>
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<td>4. Neonatal Resuscitation Program date</td>
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</tbody>
</table>

### Section IV—Licenses

- Medical license #1—state of__________________________ (requires primary source verification)  
- Medical license #2—state of__________________________ (requires primary source verification)  
- Drug Enforcement Administration #__________  
- Controlled Dangerous Substance #¹, ² #__________
### Section V—Professional Experience Profile

- National Practitioner Data Bank query
- Office of Inspector General Exclusion List query

### Section VI—Miscellaneous Information and Correspondence

- Fitness for duty verification
- Professional references
  1. 
  2. 
  3. 
- Affiliation attestation (signed)
- Verification letters from affiliates (hospital or healthcare privileges)
  1. 
  2. 
  3. 
- Proof of professional liability insurance (policy declarations page or letter from insurer)
- Summary description of professional liability claims and lawsuits for the past 10 years
- Collaborative practice agreement
<table>
<thead>
<tr>
<th>Document(s)</th>
<th>Date Sent</th>
<th>Date Returned</th>
<th>Reviewed By</th>
<th>Missing Information</th>
<th>1st Date Follow-Up</th>
<th>2nd Date Follow-Up</th>
<th>Outcome</th>
<th>Completed Task Sign-Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Release of information form (signed)(^1)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Release for criminal background check form (signed)(^2)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Peer references(^1,(^2)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
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</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recent tuberculin skin test (PPD) results(^2,(^3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Proof of immunization status(^2,(^3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 3 Complete Credentials File**

- File sent to chief medical officer (CMO) for review
- File and CMO recommendations sent to approving entity
- Documentation of approval
- Applicant notification of status
- Documentation of appeal\(^2\)

---

\(^1\)Recommended for file completeness, but not required  
\(^2\)As applicable  
\(^3\)May be required under some state regulations