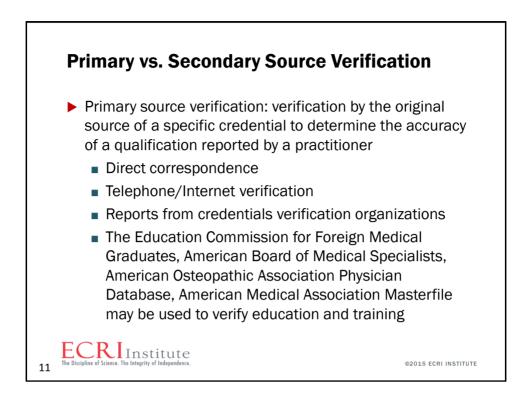
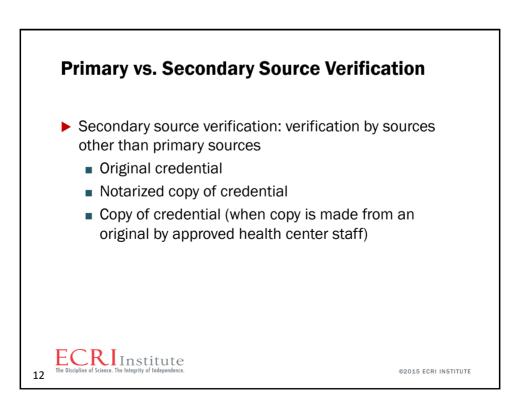
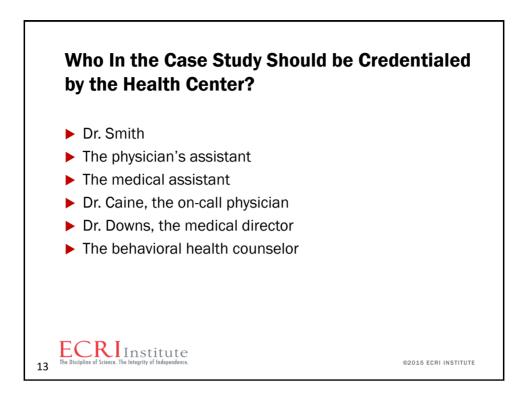
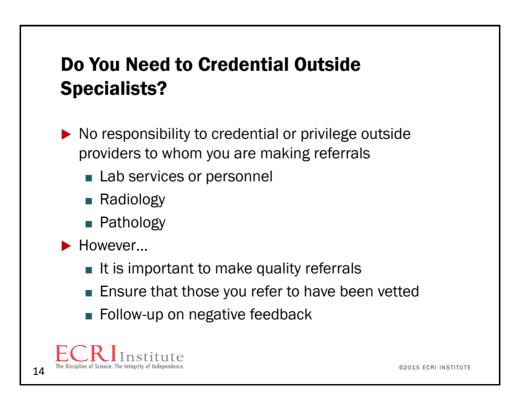


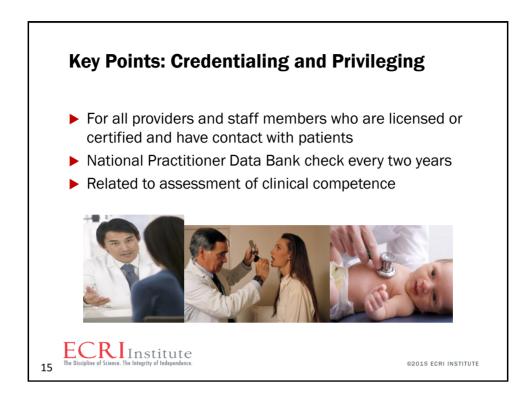
| CREDENTIALING OR PRIVILEGING | "LICENSED OR O | CERTIFIED HEALTH | CREDENTIALING OR PRIVILEGING | "LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER" | | |
|---|---|--|--|--|--|--|
| ACTIVITY | Licensed Independent Practitioner (LIP) | Other licensed or certified practitioner | ACTIVITY | Licensed Independent Practitioner (LIP) | Other licensed o certified practitioner | |
| Examples of Staff | Physician, Dentist, | RN, LPN, CMA, Registered Dietician | B. INITIAL GRANTING OF PRIVILEGES | METHOD | | |
| A. CREDENTIALING | M | ETHOD | 1.11.0 | D | 6 | |
| 1. Verification of licensure, registration, or certification 2. Verification of education | Primary source | Primary Source Secondary source | Verification of current competence to provide services specific to each of the organization's care | Primary source, based on peer review and/or performance | Supervisory evaluation per jol description | |
| | | | delivery settings | improvement data. | | |
| 3. Verification of training | Primary source | Secondary source | 2. Approval authority | Governing Body (usually concurrent | Supervisory evaluation per jo | |
| 4. Verification of current | Primary source, | Supervisory evaluation | | with credentialing) | description | |
| competence 5. Health fitness (Ability to perform the requested privileges) | Written Confirmed statement | per job description Supervisory evaluation per job description | C. RENEWAL OR METHOD REVISION OF PRIVILEGES | | | |
| | | | 1. Frequency | At least every 2 yrs | At least every 2 | |
| Approval authority | Governing Body (usually concurrent with privileging) | Supervisory function per job description | 2. Verification of current licensure, registration, or certification | Primary source | yrs Primary source | |
| 6. National Practitioner Data Bank Query | Required, if reportable | Required, if reportable | 3. Verification of current | Primary source | Supervisory | |
| 7. Government issued picture identification, immunization and PPD | Secondary source | Secondary source | competence | based on peer review and/or performance improvement data. | evaluation per jol description | |
| status, and life support training (if applicable) 8. Drug Enforcement | Secondary source. | Secondary source if | 4. Approval authority | Governing Body | Supervisory function per job | |
| Administration (DEA) registration, hospital admitting privileges | if applicable | applicable | 5. Appeal to discontinue appointment or deny clinical privileges | Process required | description Organization option | |

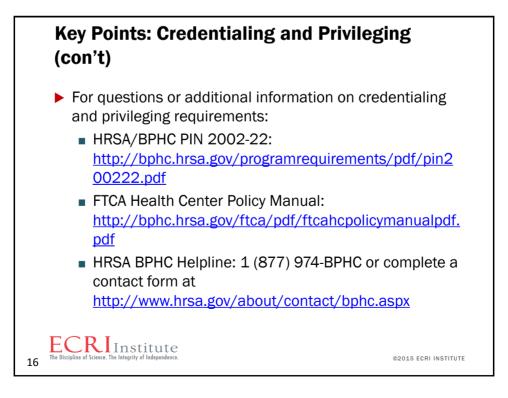


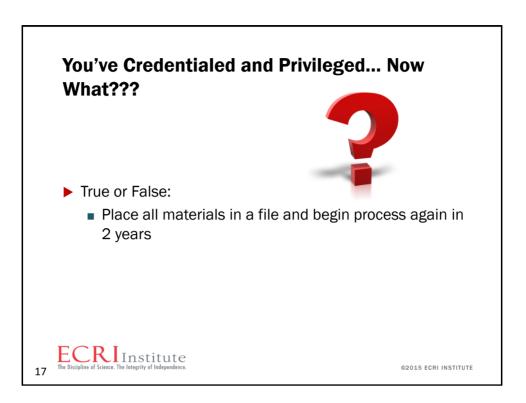


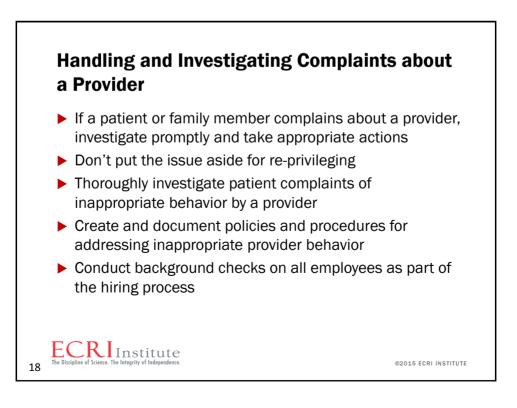


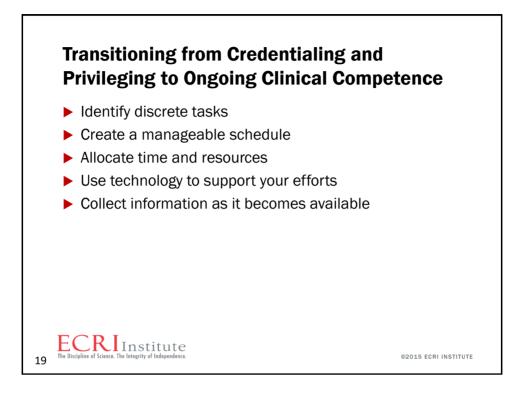


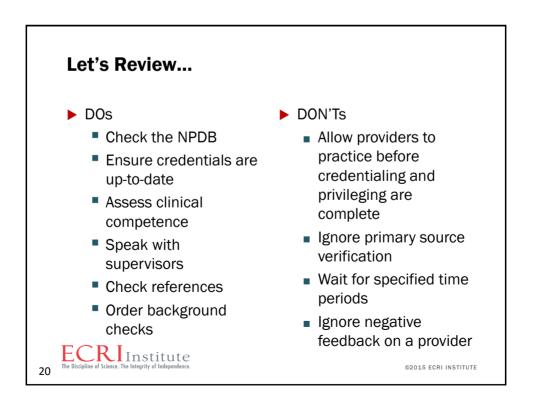


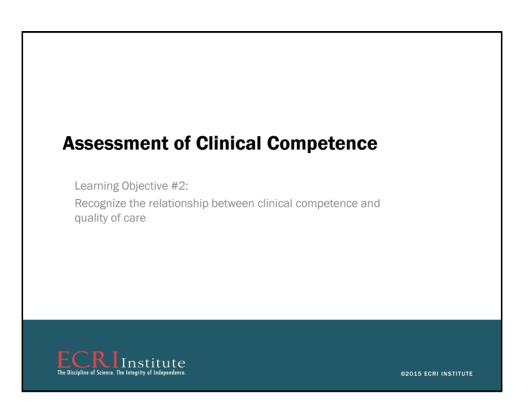






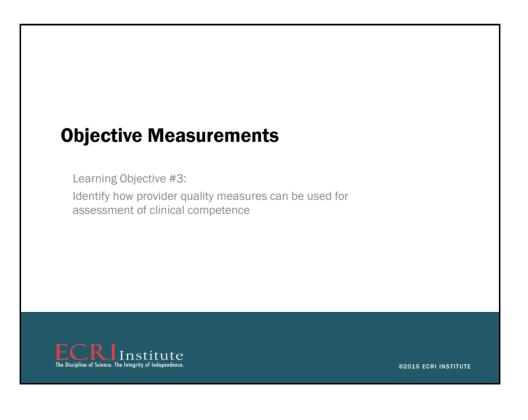




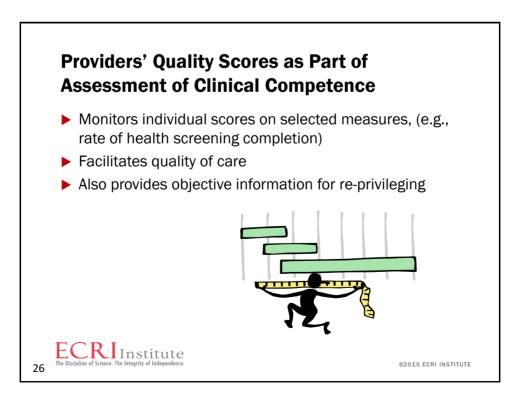




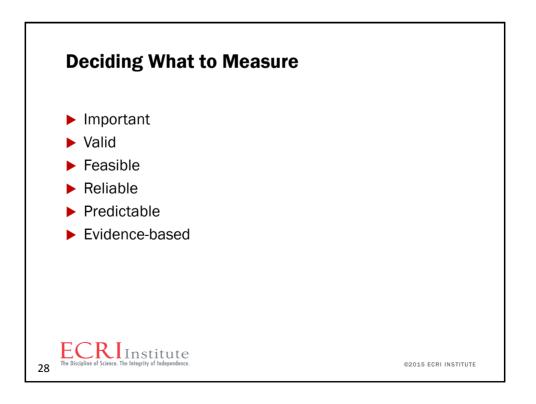


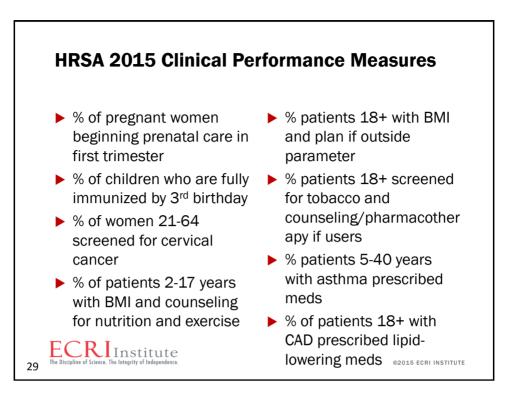


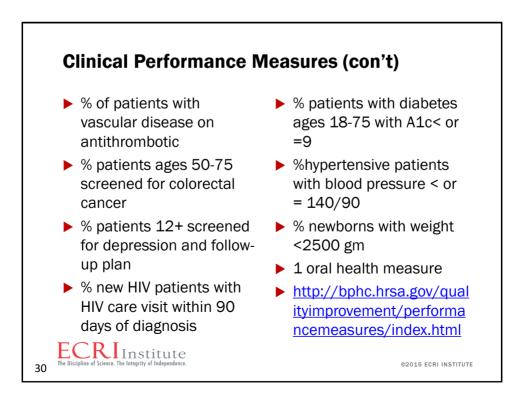


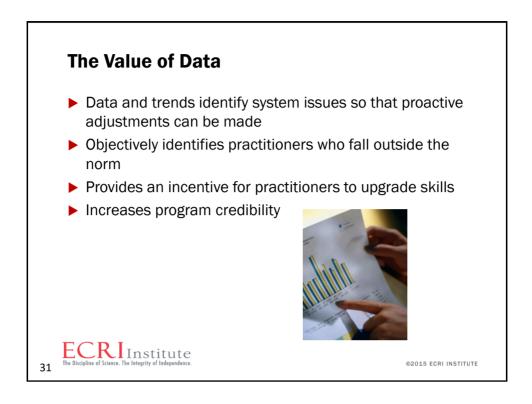


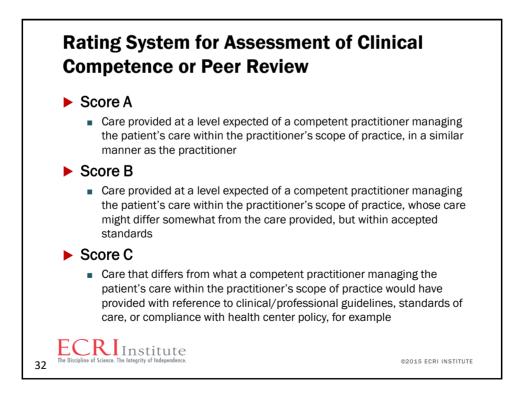






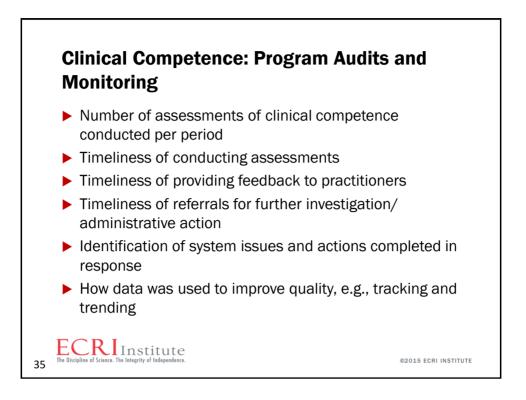


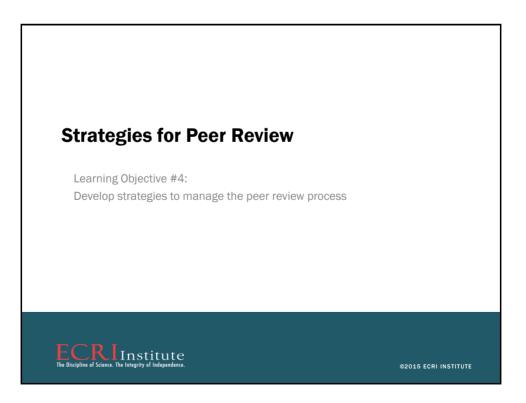


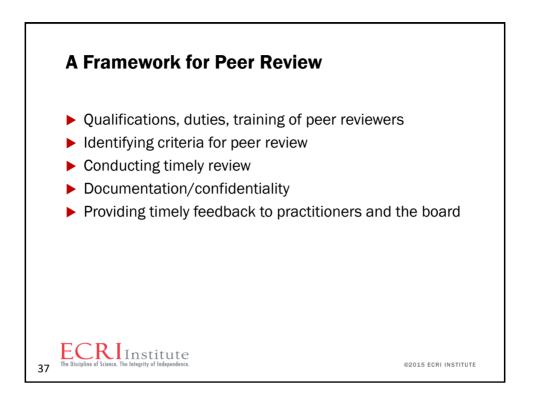


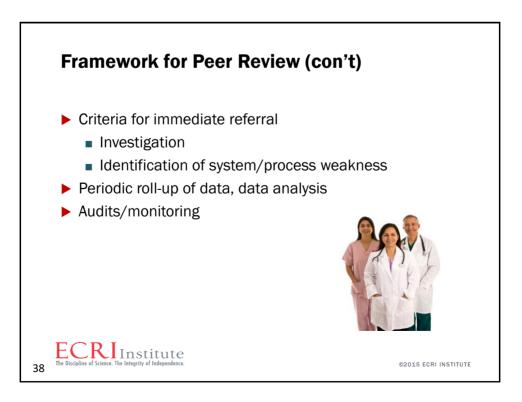


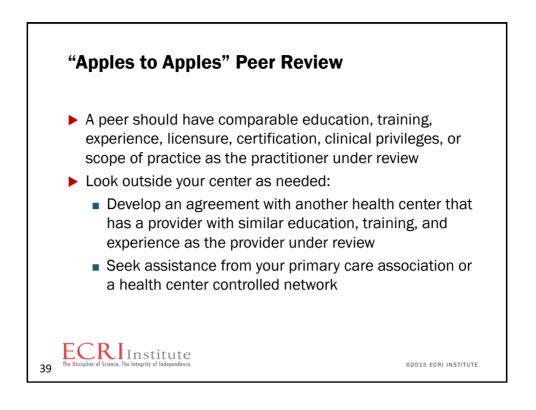
| Sample Tracking Mechanism | | | | | | | | | |
|---------------------------|-------------------------|--------------------------------|-------------------|-------------|-------------------|-------------------|------------|-----------------------|----------------------------|
| | Initial C & P | Renewal Date | Chart #1 | Chart #2 | Observation #1 | Observation #2 | Complaints | Feedback Provided? | Strategies Implemented? |
| Provider 1 | | | | | | | | | |
| Provider 2 | | | | | | | | | |
| Provider 3 | | | | | | | | | |
| Provider 4 | | | | | | | | | |
| Provider 5 | | | | | | | | | |
| | | | | | | | | | |
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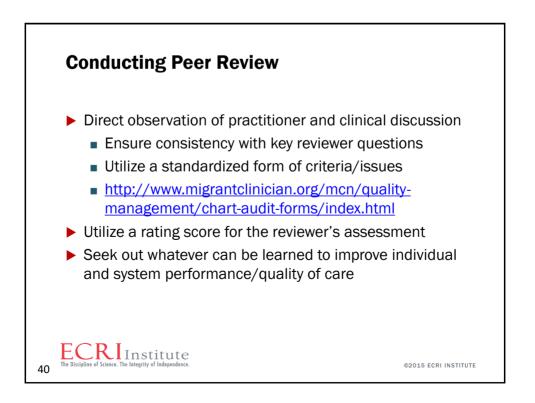


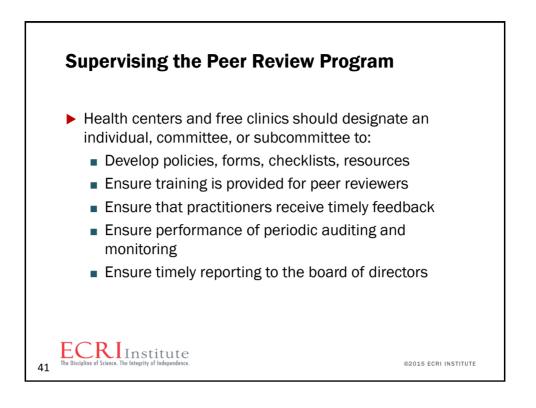


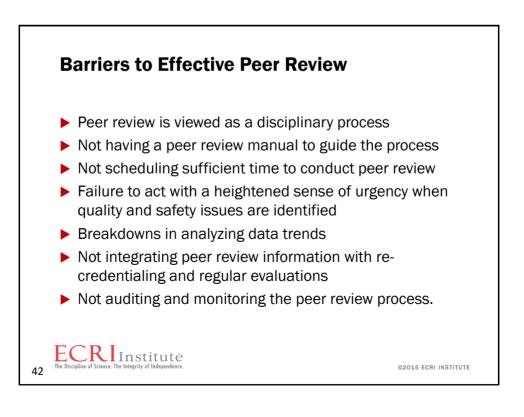












| Instructions: Complete this checklist when cond | lucting medical r | ecord revie | w or di | ect observatio | on of a licensed |
|---|---------------------------|-------------------|--------------|-----------------------|----------------------------|
| independent practitioner. Please see below for th | ne key for scores | A, B, and C | | | |
| Score A: Care provided at a level expected of an experienced and | competent practitioner | managing the p | atient's car | e within the practiti | ioner's scope of practice |
| and in a similar manner as the practitioner. | | | | | |
| Score B: Care provided at a level expected of an experienced and | competent practitioner | managing the p | atient's car | e within the practiti | ioner's scope of practice, |
| and whose care might differ somewhat from the care provided, b | ut within accepted stand | lards. | | | |
| Score C: Care that differs from what an experienced and compete | ent praditioner, managi | ing the patient's | care within | the practitioner's s | cope of practice, would |
| have provided with reference to clinical/professional guidelines, p | oeer reviewed literature, | standards of ca | re, and/or | ompliance with he | alth center policy. |
| SCORE the following issues | A | В | c | Comments | |
| Assessment/diagnosis | | | | | |
| | | | | | |
| History/physical examination | | | | | |
| History/physical examination Technique/skills (if observed) | | | | | |
| Technique/skills (if observed) | | | | | |
| | /compon | ents/ | | | |





