|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Name: | Service Unit: | | | Area: | |
| **DOCUMENTS / TASKS** | | **Compliant/**  **Completed?** | **# NC** | | **Comments** |
| **Workflow** | | | | | |
| Alarms (appointment, life support, board certification, DEA/CDS/DPS, insurance, NPDB, and state license) | | Choose an item. |  | |  |
| **Summary** | | | | | |
| Photo of the provider | | Choose an item. |  | |  |
| **Demographic** | | | | | |
| Degree | | Choose an item. |  | |  |
| Field of Licensure | | Choose an item. |  | |  |
| **Cycles** | | | | | |
| Aiva Cycle selected | | Choose an item. |  | |  |
| **Appointment** | | | | | |
| Application Sent | |  |  | |  |
| Application Submitted | | Choose an item. |  | |  |
| Application Received | | Choose an item. |  | |  |
| Application Type | | Choose an item. |  | |  |
| Application Status – populated as “One Year” | | Choose an item. |  | |  |
| Application Processed | | Choose an item. |  | |  |
| MEC Approval | | Choose an item. |  | |  |
| Board Approval | | Choose an item. |  | |  |
| Initial Appointment | | Choose an item. |  | |  |
| Last Appointment | | Choose an item. |  | |  |
| Next Appointment | | Choose an item. |  | |  |
| Credentialing Complete Checkbox Checked | | Choose an item. |  | |  |
| Status | | Choose an item. |  | |  |
| Category | | Choose an item. |  | |  |
| Dept. 1 | | Choose an item. |  | |  |
| Physical Location | | Choose an item. |  | |  |
| Staff Type | | Choose an item. |  | |  |
| Corporate Status | | Choose an item. |  | |  |
| On Staff Checkbox | | Choose an item. |  | |  |
| Dates are in chronological order and make sense | | Choose an item. |  | |  |
| **Hospitals** | | | | | |
| All current and historical affiliations from CV/resume are listed | | Choose an item. |  | |  |
| Affiliation PSV complete – last 5 years | | Choose an item. |  | |  |
| OMB global verification or another appropriate PSV used | | Choose an item. |  | |  |
| Reason for leaving documented | | Choose an item. |  | |  |
| Documents 3 unverifiable attempts, if unable to obtain PSV (name, date of request, and verification methods) | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| From and To dates match PSV | | Choose an item. |  | |  |
| **Education/Training** | | | | | |
| All Education and post-graduate training are listed (compare with CV/resume) | | Choose an item. |  | |  |
| Qualifying degree and post-graduate training PSV complete (includes ECFMG) | | Choose an item. |  | |  |
| All Education Types are correct | | Choose an item. |  | |  |
| Degree is listed | | Choose an item. |  | |  |
| Subject is listed (field of study or focus) | | Choose an item. |  | |  |
| OMB global verification or another appropriate PSV used | | Choose an item. |  | |  |
| Documents 3 unverifiable attempts, if unable to obtain PSV (name, date of request, and verification methods) | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| From and To dates match PSV | | Choose an item. |  | |  |
| **Other References** | | | | | |
| All current and past work history since college graduation is listed (compare with CV/resume) | | Choose an item. |  | |  |
| Work History PSV complete – last 5 years | | Choose an item. |  | |  |
| OMB global verification or another appropriate PSV used | | Choose an item. |  | |  |
| Documents 3 unverifiable attempts, if unable to obtain PSV (name, date of request, and verification methods) | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| From and To dates match PSV | | Choose an item. |  | |  |
| **Peer References** | | | | | |
| Peer Reference #1 verification | | Choose an item. |  | |  |
| Peer Reference #2 verification | | Choose an item. |  | |  |
| Peer references have equal or greater credentials than the applicant | | Choose an item. |  | |  |
| Peer references have worked directly with the applicant within the past two years (check From and To dates) | | Choose an item. |  | |  |
| OMB global verification or another appropriate PSV used | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| **License/Credentials** | | | | | |
| All active and inactive state licenses, DEA, CDS, DPS, and other licenses/registrations are listed (compare with CV/resume) | | Choose an item. |  | |  |
| Active DEA/CDS/DPS Registration PSV complete | | Choose an item. |  | |  |
| Active DEA/CDS/DPS Registration expiration matches PSV | | Choose an item. |  | |  |
| Active State Licenses PSV | | Choose an item. |  | |  |
| Active State Licenses expiration matches PSV | | Choose an item. |  | |  |
| Inactive State License PSV | | Choose an item. |  | |  |
| Inactive State License expiration matches PSV | | Choose an item. |  | |  |
| Life Support Certificates attached (not for telehealth) | | Choose an item. |  | |  |
| Life Support expiration matches the certificate expiration | | Choose an item. |  | |  |
| All License Types are correct | | Choose an item. |  | |  |
| Documents 3 unverifiable attempts, if unable to obtain PSV (name, date of request, and verification methods) | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| **Board Certifications** | | | | | |
| All current and previously held board certifications are listed (compare with CV/resume) | | Choose an item. |  | |  |
| If not certified, an explanation is listed in the Comments section | | Choose an item. |  | |  |
| Board Certification PSV complete | | Choose an item. |  | |  |
| Board Certification expiration matches PSV | | Choose an item. |  | |  |
| Board Certification fields complete | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| **Insurance** | | | | | |
| Malpractice insurance carriers are listed – last 5 years (compare with CV/resume) | | Choose an item. |  | |  |
| FTCA listed – for IHS employees | | Choose an item. |  | |  |
| Current malpractice insurance PSV through the carrier | | Choose an item. |  | |  |
| OMB global verification or another appropriate PSV used | | Choose an item. |  | |  |
| Current malpractice insurance expiration matches PSV | | Choose an item. |  | |  |
| Current malpractice insurance COI includes LP name, dates, affiliation, and coverage amounts | | Choose an item. |  | |  |
| Documents 3 unverifiable attempts, if unable to obtain PSV (name, date of request, and verification methods) | | Choose an item. |  | |  |
| No duplicate entries | | Choose an item. |  | |  |
| **Files** | | | | | |
| Appropriate Application completed | | Choose an item. |  | |  |
| Privileges requested by the applicant | | Choose an item. |  | |  |
| Professional Practice Questions complete | | Choose an item. |  | |  |
| OMB-approved IHS Conditions of Participation & Release Form used | | Choose an item. |  | |  |
| IHS Conditions of Participation & Release Form signed by the applicant | | Choose an item. |  | |  |
| Gap Report (no gaps > 30 days or gaps explained) | | Choose an item. |  | |  |
| Explanations for negative answers/red flags documented | | Choose an item. |  | |  |
| CV/Resume | | Choose an item. |  | |  |
| Continuing Education – previous 2 years, unless post-graduate training completed in the prior 2 years | | Choose an item. |  | |  |
| File Type names are correct | | Choose an item. |  | |  |
| **Verification Log** | | | | | |
| SAM/GSA Verification | | Choose an item. |  | |  |
| Medicare Opt-out Verification | | Choose an item. |  | |  |
| NPDB Query | | Choose an item. |  | |  |
| NPI Verification | | Choose an item. |  | |  |
| OIG Verification | | Choose an item. |  | |  |
| IHS ID Attestation Form complete | | Choose an item. |  | |  |
| **Jump To 🡪 View Privileges** | | | | | |
| Privileges are listed | | Choose an item. |  | |  |
| Provider meets all privilege criteria, per privilege form | | Choose an item. |  | |  |
| Privileges decision is documented | | Choose an item. |  | |  |
| **VComm** | | | | | |
| Medical staff membership and/or privileges decision is documented | | Choose an item. |  | |  |
| Recommendations and approvals in VComm include the title and role of the signatory in the outcome | | Choose an item. |  | |  |
| Reviewer Name & Date Completed: | | | | | |

**# NC** – Number non-compliant/not complete