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| --- | --- | --- |
| Provider Name:  | Service Unit: | Area: |
| **DOCUMENTS / TASKS** | **Compliant/****Completed?**  | **# NC** | **Comments** |
| **Workflow** |
| Alarms (appointment, life support, board certification, DEA/CDS, 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 | Choose an item. |  |  |
| Application Submitted | Choose an item. |  |  |
| Application Received | Choose an item. |  |  |
| Application Type | Choose an item. |  |  |
| Application Status – populated as “Two 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** |
| Affiliation PSV complete – all current or new since the last appointment | 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** |
| New education or post-graduate training since the last appointment is PSV, if required for the position or privileges (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. |  |  |
| **License/Credentials** |
| 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 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** |
| Board Certification PSV at last expiration | 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** |
| FTCA listed – for IHS employees | Choose an item. |  |  |
| Current malpractice insurance for contractors PSV through the carrier at last expiration | Choose an item. |  |  |
| OMB global verification or another appropriate PSV used at last expiration | 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. |  |  |
| Explanations for negative answers/red flags documented | Choose an item. |  |  |
| Continuing Education | 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 (or NPDB CQ enrollment) | 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