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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