



CREDENTIALING AND PRIVILEGING WAIVER FOR THE USPHS NATIONAL CLINICAL PHARMACY SPECIALIST CERTIFICATION

Applicant Name: _____

Facility Name: _____

Agency: _____

Please complete this waiver only if you are not credentialed and privileged through your agency or local facility's medical staff.

Department actions taken to expand adoption of credentialing and privileging pharmacists:

Barriers encountered:

Future plans for incorporating clinical pharmacy staff as credentialed and privileged providers: