



**HOPE STREET**  
**FREE CLINIC**  
FAITH, HOPE AND LOVE

**Health Center Credentialing and  
Privileging Operating Procedures**

# Table of Contents

1. **Introduction**
  2. **Scope and Purpose**
  3. **Credentialing Process**
    - Application Submission
    - Initial Review
  4. **Verification Procedures**
    - Fitness for Duty
    - Original Source Verification
      - Medical License
      - Education
      - National Practitioner Data Bank (NPDB)
    - Required Documentation
      - DEA Registration
      - Basic Life Support (BLS) Certification
      - Photo Identification
  5. **Privileging Process**
    - Provider Application Form
    - Curriculum Vitae (CV)
    - Peer Review Form
  6. **Criminal Background Check**
  7. **Approval and Reappointment**
  8. **Confidentiality and Data Security**
  9. **Appendices**
    - Forms and Templates
    - Contact Information
- 

## 1. Introduction

The credentialing and privileging procedures ensure that all healthcare providers at the health center meet the necessary qualifications and standards to deliver high-quality patient care. This document outlines the steps and requirements for credentialing and privileging healthcare providers.

## 2. Scope and Purpose

This procedure applies to all healthcare providers seeking initial or ongoing appointment and clinical privileges at the health center. The purpose is to verify the qualifications and fitness of providers and ensure compliance with regulatory and accreditation standards.

## 3. Credentialing Process

### Application Submission

1. **Provider Application Form:** Providers must complete and submit the Provider Application Form along with a current Curriculum Vitae (CV).
2. **Required Documents:** Providers must include photocopies of the following documents with their application:
  - DEA registration
  - Basic Life Support (BLS) certification
  - Photo identification (e.g., driver's license, passport)

### Initial Review

1. **Initial Screening:** The Credentialing Coordinator reviews the application and supporting documents for completeness and accuracy.
2. **Fitness for Duty:** Providers must submit a Fitness for Duty form completed by a qualified healthcare professional, confirming their ability to perform clinical duties safely.

## 4. Verification Procedures

### Fitness for Duty

1. **Form Submission:** Providers must submit a completed Fitness for Duty form.
2. **Evaluation:** The Credentialing Coordinator reviews the form to ensure the provider is physically and mentally capable of performing their duties.

### Original Source Verification

#### Medical License

1. **Verification:** The Credentialing Coordinator verifies the provider's medical license directly with the issuing state licensing board or alternative primary source verification sources like American Medical Association (AMA) profile or Federation Credentials Verification Service (FCVS) profile.
2. **Documentation:** A copy of the medical license or primary source profile is kept on file.

#### Education

1. **Verification:** The Credentialing Coordinator verifies the provider's education and training directly with the issuing institutions or alternative primary source verification sources like AMA profile or FCVS profile.
2. **Documentation:** Copies of diplomas, transcripts, and training certificates or primary source profile are kept on file.

## **National Practitioner Data Bank (NPDB)**

1. **Query:** A query with the NPDB for any adverse actions, malpractice claims, or other relevant information is requested and reviewed.
2. **Documentation:** Results from the NPDB query are kept on file.

## **Required Documentation**

### **DEA Registration**

1. **Photocopy Submission:** Providers must submit a photocopy of their current DEA registration.
2. **Verification:** The Credentialing Coordinator verifies the registration with the DEA or using AMA profile.

### **Basic Life Support (BLS) Certification**

1. **Photocopy Submission:** Providers must submit a photocopy of their current BLS certification.

### **Photo Identification**

1. **Photocopy Submission:** Providers must submit a copy of a government-issued photo ID.
2. **Verification:** The Credentialing Coordinator verifies the ID for accuracy.

## **5. Privileging Process**

### **Provider Application Form**

1. **Completion:** Providers must complete the Provider Application Form.
2. **Submission:** The completed form is submitted to the Credentialing Coordinator.

### **Curriculum Vitae (CV)**

1. **Submission:** Providers must submit a current CV with their application.
2. **Review:** The Credentialing Coordinator reviews the CV for completeness and relevance to the requested privileges.

### **Peer Review Form**

1. **Completion:** Providers must obtain and submit peer review form from colleague who can attest to their clinical competence.
2. **Review:** The Credentialing Coordinator reviews the peer review forms and follows up on any concerns.

## 6. Criminal Background Check

1. **Consent:** Providers must provide written consent for a criminal background check.
2. **Conducting the Check:** The Credentialing Coordinator arranges for a criminal background check through an approved vendor.
3. **Review:** Results are reviewed.

## 7. Approval and Reappointment

1. **Credentialing Committee Review:** The Credentialing Committee reviews the provider's application, verification results, and any additional information.
2. **Decision:** The Committee makes a recommendation for approval, denial, or conditional approval of the provider's privileges.
3. **Reappointment:** Providers undergo a reappointment process every two years, which includes a review of their performance, updated credentials, and any new verifications.

## 8. Confidentiality and Data Security

1. **Confidentiality:** All credentialing and privileging information is kept confidential and shared only with authorized personnel.
2. **Data Security:** Records are stored securely, with electronic records protected by appropriate cybersecurity measures.

## 9. Appendices

### Forms and Templates

- Provider Application Form
  - Fitness for Duty Form
  - Peer Review Form
-