|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Name: | Service Unit: | | | | Area: |
| **DOCUMENTS / TASKS** | | **Compliant/**  **Completed?** | **# NC** | **Comments** | |
| **License/Credentials** | | | | | | |
| Active State License Verification (Primary source verification of licensure should occur as soon as possible and, at most, within 72 hours from when the volunteer licensed practitioner presents to the facility.) | | Choose an item. |  |  | |
| **Files** | | | | | | |
| Proof of Identity - issued by a State, Federal, or regulatory agency of the volunteer. | | Choose an item. |  |  | |
| Collect one of the following as evidence of current clinical qualifications:   * A current and valid IHS or non-IHS health care facility-issued photo identification. * A current license to practice. * Identification indicating the individual is a member of a Disaster Medical Assistance Team * Identification indicating that the individual has been granted authority to render patient care in disaster circumstances (e.g. authority granted by a Federal, State, or municipal entity), * Attestation by current facility or medical staff member(s) with personal knowledge of the practitioner's clinical qualifications | | Choose an item. |  |  | | |
| Documentation that the Clinical Director (or equivalent) or CEO authorized disaster privileges | | Choose an item. |  |  | | |

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| **Additional Tasks** |

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| --- | --- | --- | --- |
| Confirm that the facility’s emergency operations plan has been activated | Choose an item. |  |  |
| Confirm plan for oversight of the licensed practitioner’s performance | Choose an item. |  |  |
| Determines and documents that, within 72 hours of the practitioner's arrival, disaster privileges shall continue, if granted | Choose an item. |  |  |
| The regular application and credentials verification process must be completed as soon as possible for all individuals who received disaster privileges even if an individual’s privileges with a facility have already ended | Choose an item. |  |  |
| Reviewer & Date Completed: | | | |

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