|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. |  |  | |
| Salutation | | 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 “One Year” | | Choose an item. |  |  | |
| Application Processed | | Choose an item. |  |  | |
| Cred. Approval | | Choose an item. |  |  | |
| MEC Approval | | Choose an item. |  |  | |
| Board Approval | | Choose an item. |  |  | |
| Review Complete Date | | 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 – last 5 years | | Choose an item. |  |  | |
| OMB global verification used or other appropriate PSV | | Choose an item. |  |  | |
| Reason for leaving documented | | Choose an item. |  |  | |
| Documents 3 unverifiable attempts (name, date of request, and verification methods) | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| From and To dates are correct | | Choose an item. |  |  | |
| **Education/Training** | | | | | |
| Medical Education PSV complete | | Choose an item. |  |  | |
| ECFMG PSV complete | | Choose an item. |  |  | |
| Undergraduate Education PSV complete | | Choose an item. |  |  | |
| Graduate Education PSV complete | | Choose an item. |  |  | |
| Internship PSV complete | | Choose an item. |  |  | |
| Residency PSV complete | | Choose an item. |  |  | |
| Fellowship PSV complete | | Choose an item. |  |  | |
| All Education is listed | | Choose an item. |  |  | |
| All Education Types correct | | Choose an item. |  |  | |
| Degree listed | | Choose an item. |  |  | |
| Subject listed (field of study or focus) | | Choose an item. |  |  | |
| OMB global verification used or other appropriate PSV | | Choose an item. |  |  | |
| Documents 3 unverifiable attempts (name, date of request, and verification methods) | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| From and To dates are correct | | Choose an item. |  |  | |
| **Other References** | | | | | |
| Employment PSV complete – 5 years | | Choose an item. |  |  | |
| OMB global verification used or other appropriate PSV | | Choose an item. |  |  | |
| Documents 3 unverifiable attempts (name, date of request, and verification methods) | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| From and To dates are correct | | Choose an item. |  |  | |
| **Peer References** | | | | | |
| Peer Reference #1 verification | | Choose an item. |  |  | |
| Peer Reference #2 verification | | Choose an item. |  |  | |
| OMB global verification used or other appropriate PSV | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| **License/Credentials** | | | | | |
| DEA Registration PSV complete | | Choose an item. |  |  | |
| DEA Registration expiration correct | | Choose an item. |  |  | |
| CDS/DPS PSV complete | | Choose an item. |  |  | |
| CDS/DPS expiration correct | | Choose an item. |  |  | |
| Active State Licenses PSV | | Choose an item. |  |  | |
| Active State expiration correct | | Choose an item. |  |  | |
| Inactive State License PSV | | Choose an item. |  |  | |
| Inactive State License expiration correct | | Choose an item. |  |  | |
| Life Support Certificates attached (not for telehealth) | | Choose an item. |  |  | |
| Life Support expirations correct | | Choose an item. |  |  | |
| IHS Pain and Addiction Training Certificate attached | | Choose an item. |  |  | |
| IHS Pain and Addiction Training Certificate expiration correct | | Choose an item. |  |  | |
| All License Types are correct | | Choose an item. |  |  | |
| All License/registration fields completed | | Choose an item. |  |  | |
| Documents 3 unverifiable attempts (name, date of request, and verification methods) | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| **Board Certifications** | | | | | |
| Board Certification PSV complete | | Choose an item. |  |  | |
| Board Certification expiration correct | | Choose an item. |  |  | |
| Board Certification fields completed | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| **Insurance** | | | | | |
| FTCA documented | | Choose an item. |  |  | |
| Malpractice Insurance COI – 5 years | | Choose an item. |  |  | |
| Current COI includes LP name, dates, and affiliation | | Choose an item. |  |  | |
| Minimum of $1M/$3M listed on COI | | Choose an item. |  |  | |
| OMB global verification used or other appropriate PSV | | Choose an item. |  |  | |
| Documents 3 unverifiable attempts (name, date of request, and verification methods) | | Choose an item. |  |  | |
| No duplicate entries | | Choose an item. |  |  | |
| **Files** | | | | | |
| Appropriate Application used | | Choose an item. |  |  | |
| Complete Application (all education/training, affiliations, work history, licenses, insurance, etc. listed by provider) | | Choose an item. |  |  | |
| Privileges requested by provider | | Choose an item. |  |  | |
| Professional Practice Questions Complete | | Choose an item. |  |  | |
| Immunization documentation (not for telehealth):   * MMR or Immunity * PPD or Quanteferon * Hepatitis B (or declination on application) | | Choose an item. |  |  | |
| IHS Conditions of Participation & Release complete | | Choose an item. |  |  | |
| OMB Conditions of Participation & Release used | | Choose an item. |  |  | |
| Gap Report (no gaps > 30 days or gaps explained) | | Choose an item. |  |  | |
| Explanations for negative answers/red flags documented | | Choose an item. |  |  | |
| CV/Resume | | Choose an item. |  |  | |
| IHS ID Attestation Form | | Choose an item. |  |  | |
| CE – previous 2 year, unless post-graduate training completed in prior 2 years | | Choose an item. |  |  | |
| File Type names are correct | | Choose an item. |  |  | |
| **Verifications** | | | | | |
| SAM/GSA Verification | | Choose an item. |  |  | |
| Medicare Optout Verification | | Choose an item. |  |  | |
| NPDB Verification | | Choose an item. |  |  | |
| NPI Verification | | Choose an item. |  |  | |
| OIG Verification | | Choose an item. |  |  | |
| **Jump To 🡪 View Privileges** | | | | | |
| Privileges listed | | Choose an item. |  |  | |
| Provider meets all privilege criteria | | Choose an item. |  |  | |
| Privileges decision documented | | Choose an item. |  |  | |
| **VComm** | | | | | |
| Recommendations and approvals in VComm should include in the final outcome the title and role of the signatory. All signatories should “recommend” and the GB Chair using “approval.” | | Choose an item. |  |  | |
| Reviewer & Date Completed: | | | | | |

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