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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. |  |  |
| 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