



FTCA Application Procedural Demonstration of Compliance Tool: Credentialing and Privileging Edition

Purpose

This tool is developed for deemed health centers to evaluate their credentialing and privileging processes in order to demonstrate compliance with programmatic requirements. This tool can also be used to support initial and redeeming applicants in developing and assessing current processes prior to applying for Federal Tort Claims Act (FTCA) coverage. This document can be submitted with other required documents that appear on the annual FTCA deeming and redeeming applications for this programmatic area. Please select all options that apply to your health center and provide additional details in free text where prompted. The Health Resources and Services Administration (HRSA) does not require health centers to use this document. However, they are encouraged to complete this user-friendly tool to make documentation and demonstration of credentialing and privileging requirements in [Chapter 5 of the Health Center Program Compliance Manual](#) clear and easy to understand. Additionally, health centers may choose to attach their credentialing and privileging procedures.

DISCLAIMER

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, including based on the needs of the individual patient and limitations unique to the institution or type of practice. All organizations should consult with their clinical staff and other experts for specific guidance and with their legal counsel, as circumstances warrant.

This model plan is intended as guidance to be adapted consistent with the internal needs of your organization. This plan is not to be viewed as required by ECRI or the Health Resources and Services Administration. All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by ECRI member and nonmember institutions for illustration purposes only. ECRI is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. ECRI urges all members to consult with their legal counsel regarding the adequacy of policies, procedures, and forms.



Name of health center:

Location:

Contact name:

Contact phone and email:

Staffing Types

The health center checks relevant state laws and practice acts to determine whether staff qualify as licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), or other clinical staff (OCS).

The health center utilizes the following staff types (select all that apply):

LIPs (e.g., physician, dentist, nurse practitioner, nurse-midwife, physician assistant, psychiatrists)
Please specify LIPs utilized by the health center:

OLCPs (e.g., registered nurse, licensed practical nurse, social worker, certified medical assistant, certified dental assistant, dental hygienist)
Please specify OLCPs utilized by the health center:

OCS providing services on behalf of the health center (e.g., medical assistants, dental assistants, or community health workers in states, territories, and jurisdictions that do not require licensure or certification)
Please specify OCS utilized by the health center:

Please provide any other information about staffing types, including state-specific laws or regulations regarding which staff qualify as LIPs, OLCPs, or OCS:

Time Frame

Initial credentialing: The health center conducts initial credentialing and privileging prior to the provider beginning work in the health center.

Renewal of credentials and privileges: Credentials and privileges are renewed on the following time frame:

- Every year
- Every two years
- Other – please specify:

If "Other" was selected, please provide detailed information regarding the organization's renewal time frame:

Renewal is initiated at least _____ prior to the expiration of current credentials and privileges.

- 30 days
- 60 days



90 days

Other – please specify:

Credentials that expire prior to the next renewal date are verified prior to expiration:

Yes

No

Please provide any other information about the renewal process:

Credentialing

Licensed Independent Practitioners

The required verifications for LIPs include the following information based on [Chapter 5 of the Health Center Program Compliance Manual](#):

Current licensure, registration, and certification are verified using [primary sources](#). The health center uses the following verification processes (select all that apply):

- The health center confirms through a state database that a provider's licensure, registration, and certifications are current.
- The health center directly corresponds (e.g., telephone, email) with the licensing or certifying body to confirm credentials.
- The health center verifies using the American Medical Association (AMA), American Osteopathic Association (AOA), or Educational Commission for Foreign Medical Graduates (ECFMG) profile (for physicians).
- The health center verifies using the American Nurses Credentialing Center (ANCC), American Midwifery Certification Board (AMCB), or National Commission on Certification of Physician Assistants (NCCPA) (for non-physician LIPs).
- The health center uses a credentials verification organization for primary source verification.
- The health center uses another method of source verification.

If another method of source verification is used, please specify below:

Education and training are verified using [primary sources](#). The health center uses the following verification

- The health center confirms a provider's education and training credentials through a state or local database that uses primary source verification.



- The health center directly corresponds (e.g., telephone, email) with the educational institution to confirm credentials.
- The health center verifies using the AMA, AOA, or ECFMG profile (for physicians).
- The health center verifies using the ANCC, AMCB, or NCCPA (for non-physician LIPs).
- The health center uses a credentials verification organization for primary source verification.
- The health center uses another method of source verification.

If another method of source verification is used, please specify below:

National Practitioner Data Bank (NPDB): The health center queries the NPDB using the following method:

- The health center conducts a continuous query for each provider who is hired. As new information is reported, it is placed in the provider's file and reported to the appropriate health center officers. All reports are reviewed at the renewal of credentials and privileges.
- The health center performs an individual query for each provider at the initial appointment and at the renewal of credentials and privileges. Last query performed on [date]:
- The health center uses another method.

If another method of NPDB query is used, please specify below:

The health center is required to register for the NPDB and query the NPDB for all health center staff (LIPs, OLCPs, and OCS). Please provide the health center's NPDB identification number as assigned by NPDB:

Clinical staff member identity is verified by the following process:

- The health center receives a copy of the provider's government-issued picture identification (e.g., driver's license, passport).
- The health center uses another method.

If another method of identity verification is used, please specify below:

Drug Enforcement Administration (DEA) registration for LIPs who prescribe controlled dangerous substances (e.g., physicians, dentists, psychiatrists, or physician's assistants, nurse practitioners, and nurse midwives in states in which they can practice without supervision) is verified by the following process:

- The health center receives a photocopy of the provider's DEA certificate.



- The health center views the original DEA certificate and documents verification in the credentials file.
- The health center directly corresponds (e.g., telephone, email) with the DEA to confirm registration.
- The health center verifies using the AMA, AOA, or ECFMG profile (for physicians).
- The health center verifies using the ANCC, AMCB, or NCCPA (for non-physician LIPs).
- The health center uses another method.

If another method of DEA registration verification is used, please specify below:

Basic Life Support (BLS) training is verified by the following process:

- The health center receives a photocopy of the provider's non-expired BLS training certificate.
- The health center views the original BLS training certificate and documents verification in the credentials file.
- The health center checks with the American Heart Association or other professional training program to confirm completed training.
- The health center uses another method.

If another method of BLS training verification is used, please specify below:

Other Licensed or Certified Practitioners

The required verifications for OLCPs include the following information based on [Chapter 5: Clinical Staffing](#) in the [Health Center Program Compliance Manual](#) .

Current licensure, registration, and certification are verified using [primary sources](#). The health center uses the following verification processes (select all that apply):

- The health center confirms through a state database that a provider's licensure, registration, and certifications are current.
 - The health center directly corresponds (e.g., telephone email) with the licensing or certifying body to confirm credentials.
 - The health center verifies using the ANCC, AMCB, or NCCPA.
 - The health center uses a credentials verification organization for primary source verification.
 - The health center uses another method of source verification.



If another method of source verification is used, please specify below:

Education and training are verified using primary or other sources. The health center uses the following verification processes (select all that apply):

- The health center confirms a provider's education and training credentials through a state or local database.
- The health center directly corresponds (e.g., telephone, email) with the educational institution to confirm credentials.
- The health center verifies using the ANCC, AMCB, or NCCPA.
- The health center uses a credentials verification organization for source verification.
- The health center receives photocopies of diplomas and/or other applicable education/training confirmation.
- The health center uses another method of source verification.

If another method of source verification is used, please specify below:

National Practitioner Data Bank (NPDB): The health center queries the NPDB using the following method:

- The health center conducts a continuous query for each provider who is hired. As new information is reported, it is placed in the provider's file and reported to the appropriate health center officers. All reports are reviewed at the renewal of credentials and privileges.
- The health center performs an individual query for each provider at the initial appointment and at the renewal of credentials and privileges.
- The health center uses another method.

If another method of NPDB query is used, please specify below:

Clinical staff member identity is verified by the following process:

- The health center receives a copy of the provider's government-issued picture identification (e.g., driver's license, passport).
- The health center uses another method.

If another method of identity verification is used, please specify below:



Drug Enforcement Administration (DEA) registration for OLCs who prescribe controlled dangerous substances (e.g., physician assistants, nurse practitioners, or nurse midwives in states in which they must practice under supervision) is verified by the following process:

- The health center receives a photocopy of the provider's DEA certificate.
- The health center views the original DEA certificate and documents verification in the credentials file.
- The health center directly corresponds (e.g., telephone, email) with the DEA to confirm registration.
- The health center verifies using the ANCC, AMCB, or NCCPA (for non-physician LIPs).
- The health center uses another method.

If another method of DEA registration verification is used, please specify below:

Basic Life Support (BLS) training is verified by the following process:

- The health center receives a photocopy of the provider's non-expired BLS training certificate.
- The health center views the original BLS training certificate and documents verification in the credentials file.
- The health center checks with the American Heart Association or other professional training program to confirm completed training.
- The health center uses another method.

If another method of BLS training verification is used, please specify below:

Other Clinical Staff

The required verifications for other clinical staff include the following information based on [Chapter 5 of the Health Center Program Compliance Manual](#).

Education and training are verified using primary or other sources. The health center uses the following verification processes (select all that apply):

- The health center confirms a provider's education and training credentials through an online database.
- The health center directly corresponds (e.g., telephone, email) with the educational institution to confirm credentials.
- The health center uses a credentials verification organization for source verification.



- The health center receives photocopies of diplomas and/or other applicable education/training confirmation.
- The health center uses another method of source verification.

If another method of source verification is used, please specify below:

National Practitioner Data Bank (NPDB): The health center queries the NPDB using the following method:

- The health center conducts a continuous query for each provider who is hired. As new information is reported, it is placed in the provider's file and reported to the appropriate health center officers. All reports are reviewed at the renewal of credentials and privileges.
- The health center performs an individual query for each provider at the initial appointment and at the renewal of credentials and privileges.
- The health center uses another method.

If another method of NPDB query is used, please specify below:

Clinical staff member identity is verified by the following process:

- The health center receives a copy of the provider's government-issued picture identification (e.g., driver's license, passport).
- The health center uses another method.

If another method of identity verification is used, please specify below:

Basic Life Support (BLS) training is verified by the following process:

- The health center receives a photocopy of the provider's non-expired BLS training certificate.
- The health center views the original BLS training certificate and documents verification in the credentials file.
- The health center checks with the American Heart Association or other professional training program to confirm completed training.
- The health center uses another method.

If another method of BLS training verification is used, please specify below:



Other Verifications

Verification of the following information is recommended for completeness, but not required by [Chapter 5 of the Health Center Program Compliance Manual](#).

Please indicate which verifications below are conducted in the health center:

- Criminal background checks
- Curriculum vitae
- Current health insurance participation
- Office of Inspector General exclusion query
- Controlled Dangerous Substances registration (as applicable)
- Advanced Cardiovascular Life Support training (as applicable)
- Advanced Trauma Life Support training (as applicable)
- Pediatric Advanced Life Support training (as applicable)
- Neonatal Resuscitation Life Support training (as applicable)
- Affiliation attestation
- Hospital admitting privileges (e.g., provider employment contracts from hospitals as applicable)

Please provide any additional information about the verifications noted above:

If any other verifications are conducted, please indicate:

Privileging

The health center identifies specific patient care services requiring privileging in collaboration with the CMO and senior clinical leadership. Check the boxes below to verify that the following actions are taken (select all that apply):

- For initial privileging, the health center verifies the applicant's current clinical competence via training, education, and, as available, reference reviews.
- For renewal of privileges, the health center verifies the applicant's current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews).



- The health center has a documented process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

Please provide any additional information about processes to identify specific patient care services requiring privileging:

Licensed Independent Practitioners

The required verifications for initial privileging include the following information based on [Chapter 5 of the Health Center Program Compliance Manual](#).

Fitness for duty is verified using the following process:

- The health center receives a completed statement or attestation of fitness for duty from the provider that is confirmed by either the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed physician designated by the health center.
- The health center uses another method.

If another method of confirming fitness for duty is used, please specify below:

Immunizations and communicable disease status: The health center verifies the following immunizations and communicable disease status (make sure to follow [state recommendations and standards](#) and check the [Centers for Disease Control and Prevention's Recommended Vaccines for Healthcare Workers](#) to determine which immunizations are required or suggested in the state where the health center is located):

- Recent tuberculin skin test (PPD; purified protein derivative) results
- Hepatitis B
- Influenza (flu)
- MMR (measles, mumps, and rubella)
- Varicella (chicken pox)
- Tdap (tetanus, diphtheria, pertussis)
- Meningococcal
- Other—please specify:

Immunizations and communicable disease status are confirmed using the following process:

- The health center receives a photocopy of immunization records and communicable disease screenings.



- The health center receives a completed statement or attestation from the provider.
- The health center uses another method.

If another method of confirming immunizations and communicable disease status is used, please specify:

Current clinical competence is verified using the following process for initial privileging (select all that apply):

- The health center receives certificates of completion from the provider verifying completion of applicable education and training.
- The health center receives a list of supervisor and peer references from the provider and corresponds with those references for verification.
- The health center uses another method.

If another method is used for verifying current clinical competence for initial privileging, please specify:

For renewal of privileges, current clinical competence is verified using the following process (select all that apply):

- The health center evaluates the provider's peer review records over a specified time frame (e.g., two years).
- The health center evaluates supervisory performance reviews over a specified time frame (e.g., two years).
- The health center conducts direct observation of the provider during clinical practice and documents results.
- The health center uses another method.

If another method is used for verifying current clinical competence for renewal of privileges, please specify:

For renewal of privileges, fitness for duty and immunization and communicable disease status are verified using the following process:

- The health center receives a photocopy of immunization records and communicable disease screenings.
- The health center receives a completed statement or attestation from the provider.
- The health center uses another method.



If another method is used for verifying fitness for duty and immunization and communicable disease status, please specify:

Other Licensed or Certified Practitioners and Other Clinical Staff

The required verifications for initial privileging include the following information based on [Chapter 5 of the Health Center Program Compliance Manual](#).

Fitness for duty is verified using the following process:

- The health center receives a completed statement or attestation of fitness for duty from the provider that is confirmed by either the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed physician designated by the health center.
- The health center uses another method.

If another method of confirming fitness for duty is used, please specify below:

Immunizations and communicable disease status: The health center verifies the following immunizations and communicable disease status (make sure to follow [state recommendations and standards](#) and check the [Centers for Disease Control and Prevention's Recommended Vaccines for Healthcare Workers](#) to determine which immunizations are required or suggested in the state where the health center is located):

- Recent tuberculin skin test (PPD; purified protein derivative) results
- Hepatitis B
- Influenza (flu)
- MMR (measles, mumps, and rubella)
- Varicella (chicken pox)
- Tdap (tetanus, diphtheria, pertussis)
- Meningococcal
- Other—please specify:

Immunizations and communicable disease status are confirmed using the following process:

- The health center receives a photocopy of immunization records and communicable disease screenings.
- The health center receives a completed statement or attestation from the provider.



- The health center uses another method.

If another method of confirming immunizations and communicable disease status is used, please specify:

Current clinical competence is verified using the following process for initial privileging (select all that apply):

- The health center receives certificates of completion from the provider verifying completion of applicable education and training.
- The health center receives a list of supervisor and peer references from the provider and corresponds with those references for verification.
- The health center uses another method.

If another method is used for verifying current clinical competence for initial privileging, please specify:

For renewal of privileges, current clinical competence is verified using the following process (select all that apply):

- The health center evaluates the provider's peer review records over a specified time frame (e.g., two years).
- The health center evaluates supervisory performance reviews over a specified time frame (e.g., two years).
- The health center conducts direct observation of the provider during clinical practice and documents results.
- The health center uses another method.

If another method is used for verifying current clinical competence for renewal of privileges, please specify:

For renewal of privileges, fitness for duty and immunization and communicable disease status are verified using the following process:

- The health center receives a photocopy of immunization records and communicable disease screenings.
- The health center receives a completed statement or attestation from the provider.
- The health center uses another method.

If another method is used for verifying fitness for duty and immunization and communicable disease status, please specify:



Approval, Modification, or Denial of Privileges

Approval authority for credentialing and privileging LIPs is the responsibility of:

- The health center board of directors
- An individual or entity designated by the board. Please specify:
- Other—please specify:

Approval authority for credentialing and privileging OLCPs and OCS is the responsibility of:

- The credentialing coordinator/credentialing committee
- The supervisor of the OLCP or OCS
- Other—please specify:

Please describe the health center's process for approval of credentials and privileges of LIPs, OLCPs, and OCS:

The health center has an appeals process in conjunction with credentialing and privileging determinations (recommended but not required by HRSA):

- Yes
- No

If an appeals process is used for LIPs, OLCPs, or OCS, please specify:

The health center implements corrective action plans in conjunction with the denial, modification, or removal of privileges (recommended but not required by HRSA):

- Yes
- No

If a corrective action plan is used, please specify:

Temporary Privileges in Emergency Situations

Temporary privileges are allowed to support healthcare professionals, including volunteers, in responding to declared public health emergencies affecting the health center's population or community at large (see [PAL 2017-07](#)).



The health center understands that temporary privileges are only permitted in cases of emergencies or disasters (including, but not limited to, hurricanes, floods, earthquakes, tornadoes, widespread fires, and/or other natural/environmental disasters; civil disturbances; terrorist attacks; collapses of significant structures within the community [e.g., buildings, bridges]; and infectious disease outbreaks or other public health threats):

Yes

The health center understands that temporary privileges are not to be used for non-declared emergency situations (e.g., events in which a state of emergency has not been declared):

Yes

Please provide any other information about the health center's understanding regarding using temporary privileges only in cases of emergencies or disasters, as noted above:

Attestation

As noted earlier, HRSA does not require health centers to use this document; however, health centers are encouraged to complete this tool to document demonstration of credentialing and privileging requirements. If the health center chooses to use this document for official submission to FTCA, please complete this attestation.

I agree, as evidenced by my signature (regular or electronic signature), that the information provided in this document is accurate, complete, and based on implemented health center policies and procedures.

Signature: _____

Title: _____ Date: _____

Reviewed by (governing board or designee): _____

Title: _____ Date: _____

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