



Credentialing Checklist



Practitioner's Name:

Place the date of completion or date the document was received in each box. Place N/A where the items is not applicable per your facilities by-laws.

Item	Date Completed or Obtained
Application received completed and signed	
Peer references received	
Hospital verifications received	
NPBD Query	
OIG exclusion query	
Primary source verification - medical school	
Primary source verification - residency	
Work history received (all gaps accounted for)	
Fellowship verifications	
State license primary source verification	
DEA license confirmed	
Criminal background check	
Malpractice history	
Board certification verified (if applicable)	
Insurance coverage confirmed per by-law requirements	
Privilege request form complete and criteria met for requested privileges	
Health attestation, Tb status	
Medicare attestation signed	



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WORKERS' COMPENSATION