

PPMC
Credentialing Committee Report
Initial or Recred

IPA: Name of Group

NAME:		STATUS:	<i>PCP or Specialist; Allied Health or Ancillary</i>
ADDRESS:			
PRACTICING SPECIALTY:		Date last Credentialed:	

REQUIRED DOCUMENTS:

Current copy of MBC license - # _____	Expiration Date: _____
Current copy of DEA certificate - # _____	Expiration Date: _____
Current copy of MALPRACTICE INSURANCE certificate	Expiration Date: _____
WORK HISTORY/CV (Initials past 5 years, Recreds past three years)	Date Received: _____
NATIONAL PRACTITIONER DATABANK (NPDB-malpractice information, out of state sanctions and Medicare/Medicaid sanctions) _____	Date Received: _____
MEDICAL BOARD OF CALIFORNIA - QUERY	Date Received: _____
ABMS/AOA/ABPS (as listed on application) Certified Specialty: _____	Date Received: _____
Certified Specialty: _____	Date Received: _____
AMA/EDUCATION VERIFICATION (if not board certified) _____	Date Received: _____
HOSPITAL AFFILIATION	
Facility Name: _____	Date Received: _____
Facility Name: _____	Date Received: _____
Facility Name: _____	Date Received: _____
OIG/ LICENSING BOARD SANCTIONS/MEDICARE OPT OUT REPORT	Reviewed: YES NO
ACCUSATION/DECISION/805 REPORT/OTHER ISSUES	If "YES" See File for details YES NO
COMPLAINTS / GRIEVANCES/ ADVERSE EVENTS / QUALITY/ UM – Peer Review – other Quality Issues	Number YES NO
SITE AUDIT/MEDICAL RECORD REVIEW	Score: _____
Mid Level Protocols Supervising Physician: _____	Date Received: _____
CLAIMS HISTORY (for current credentialing cycle)	
Pending Claims	See File for details
Settled Claims	See File for details
Dismissed Claim	See File for details

 Credentialing Specialist Signature

 Date

