## Health Center Name Primary Source Verifications Checklist To Be Completed Within 120 Days of Receiving a Complete Initial or Reappointment Medical Staff Application

	Review current Resume or Curriculum Vitae (CV) along with application, and account that all dates are in month/year format from completion of training to present. Red
	flag any gaps according to P & P Review and red flag any disciplinary and/or malpractice History for the Credentialing Committee Chair's review; to include provider statements explaining past & current
	actions, plus provide any legal documents pertaining to malpractice suits  Verify Medical Degree(s) or Training Program(s) as applicable or if not previously verified
	Verify ECFMG, if applicable or not previously verified Verify Fifth Pathway, if applicable or not previously verified Verify of Board Certification(s) as applicable and according to P & P Verify Utah State License is Current and in Good Standing – red flag if not Verify DEA and/or Utah Controlled Substance Certificate, if applicable Verify Provider's Not Sanctioned by OIG – red flag if listed Produce NPDB – red flag if there are reports Produce FSMB for Physicians and Physicians Assistants only Produce Criminal Background Check According to P & P Verify relevant work history affiliations according to P & P Highlight any privileges or clinical area of expertise for which there's no reference for Credentialing Committee Chair and/or Medical Director's review  mments Including Date of Application (or Due Date Reappointment)
Da	te Medical Director and/or Credentialing Committee Designee Approval Obtained:
Date Reviewed and Approved by Board Meeting:	