TAB	ITEM						
	Current Contract on file						
2	Privilege request form (MD/PA/APN)						
	Application						
4	Professional References						
	*Licensure/Certification						
5 Copies	Texas State/Verification						
	Copy of Certificate						
	*Other State(s)						
	Controlled Substances Registrations (TMR)						
	Controlled Substances Registrations (TMB) DEA Certificate; DPS certificate, PA/APN rx authority						
	FTCA Malpractice Face Sheet						
	Life Support/Speciality Training Verification						
	Copy of Certificate (BLS, ACLS, ATLS, NALS, PALS, etc)						
	Sonography; LEEP						
	Education Verification						
6 Verification	Internship, Residency, Fellowship						
	License / Certificate Verification						
	Controlled Substances Registrations (TMB)						
	PA/APN rx authority						
	Verification of Insurance Coverage						
	Military Discharge (DD14)						
	Previous Employment Verification (past 10 yrs)						
	Hospital Staff Privileges						
7	Professional Board Certification						
	Diploma						
	ECFGM Certificate (if applicable)						
	PA Nat'l Cert/Copy of Certificate						
	Copy of CME Certificates						
	Human Resources Background Query						
	Federation of State Medical Boards (MD/PA)						
	National Practitioner Data Bank Query					1	
	Queries (Restrictions: If yes, summary)					1	
	Medicaid; Medicare Sanction (HCFA); UPIN#						
	Supervisor Evaluation (Peer Review & Quality/Perform. Improvement)						
	Competency/Skills Evaluation						
9	BVCAA Required Forms						
	e) Supervision Agreement (MD/PA/APN)						
	CME Attestation form(s)					1	
	Verification of Fitness by Provider (if applicable)					1	
	Job Description					1	
	Standards of Care Review/Agreement						
	Professional Bylaws (review/agreement of)					1	
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Revised: 04/12/2013 Approved: 04/25/2013