



Healthcare Medical Staff Credentialing & Privileging Checklist 2026

Primary Source Verification (PSV)

Verification of foundational credentials including medical school diplomas, residency completion, and board certifications directly from the issuing institutions.

Medical School Graduation Date

Diploma or Degree Certificate

 Upload File

Institution Name

Verification Status

- ☐ Verified
- ☐ Pending
- ☐ Discrepancy Found

Residency Completion Date

Enter date...

Board Certification Certificate

 Upload File

Verified Credentials

- ☐ Medical Degree
- ☐ Residency Certificate
- ☐ Fellowship Certificate
- ☐ Specialty Board Certification

Verifying Officer Signature

Licensure & Registration Audit

Comprehensive review of active state medical licenses, DEA registrations, and any necessary specialized state-specific practitioner permits.

Medical License Number

Write something...

Issuing State/Jurisdiction

- ☐ California
- ☐ New York
- ☐ Texas
- ☐ Florida
- ☐ Other

License Issue Date

License Expiration Date

Upload Digital Copy of License

 **Upload File**

Associated Registrations

- ☐ DEA Registration
- ☐ NPI Number Verified
- ☐ State Controlled Substance Certificate
- ☐ Specialty Board Certification

Professional Background & Sanctions Check

Verification of practitioner history via NPDB (National Practitioner Data Bank), OIG Exclusion List (LEIE), and state-level disciplinary databases.

Date of Background Check Completion

Enter date...

Sanction Databases Screened

- ☐ NPDB (National Practitioner Data Bank)
- ☐ OIG (Office of Inspector General) Exclusion List
- ☐ SAM (System for Award Management)
- ☐ State Medical Board Disciplinary Records

Sanction/Disciplinary Action Found?

- ☐ No Findings
- ☐ Yes - Active Sanction
- ☐ Yes - Historical Issue (Cleared)

Details of Findings or Disciplinary Notes

Write something...

Upload Background Screening Report PDF

 Upload File

Credentialing Officer Attestation

Clinical Competency & Peer Review

Assessment of clinical skills, recent surgical logs, peer references, and documentation of continuing medical education (CME) credits.

Date of Last Clinical Competency Assessment

Enter date...

Verified Clinical Competencies

- ☐ Surgical Skill Proficiency
- ☐ Diagnostic Accuracy
- ☐ Emergency Response Capability
- ☐ Patient Communication
- ☐ Adherence to Clinical Protocols

Peer Reference Summary Notes

Write something...

Uploaded Procedure Logs & Surgical Logs

 Upload File

Competency Assessment Outcome

- ☐ Full Privileges Granted
- ☐ Provisional Privileges
- ☐ Privileges with Restrictions
- ☐ Denied

Medical Director Review Signature

Insurance & Malpractice Verification

Validation of current professional liability insurance coverage, including policy limits, expiration dates, and retroactive coverage details.

Insurance Carrier Name

Policy Coverage Limit (Per Occurrence)

Policy Expiration Date

Policy Type

- ☐ Claims-made
- ☐ Occurrence-based

Upload Certificate of Insurance (COI)

 Upload File

Credentialing Officer Verification

Privileging Scope & Clinical Duty Definition

Formal documentation of specific procedures, patient populations, and clinical areas the practitioner is authorized to perform within the facility.

Specialty Area

- ☐ Internal Medicine
- ☐ Surgery
- ☐ Pediatrics
- ☐ Emergency Medicine
- ☐ Obstetrics & Gynecology
- ☐ Anesthesiology

Authorized Clinical Procedures

- ☐ Inpatient Procedures
- ☐ Outpatient Procedures
- ☐ Emergency Interventions
- ☐ Diagnostic Imaging
- ☐ Minor Surgical Procedures

Detailed Scope of Practice Description

Write something...

Privilege Effective Date

Enter date...

Privilege Expiration Date

Enter date...

Medical Director Approval Signature

Signed Privilege Agreement Document

 Upload File

Immunization & Health Screening Compliance

Verification of required vaccinations, tuberculosis testing, and adherence to facility-specific occupational health protocols.

Date of Last Tetanus Vaccination

Date of Last Hepatitis B Vaccination Series Completion

Date of Most Recent Tuberculosis (TB) Screening

Required Immunization Immunization Verifications Completed

- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Varicella (Chickenpox)
- ☐ Hepatitis B
- ☐ Influenza (Current Season)
- ☐ Tdap (Tetanus, Diphtheria, Pertussis)

Upload Immunization Records/Lab Results

 **Upload File**

Provider Attestation of Health Compliance

Credentialing File Maintenance & Re-credentialing Schedule

Establishment of expiration tracking, biennial review timelines, and maintenance of organized, audit-ready digital and physical records.

Last Credentialing Review Date

Enter date...

Next Re-credentialing Due Date

Enter date...

Credentialing Status

- ☐ Active
- ☐ Pending Verification
- ☐ Expired
- ☐ Under Review

Digital Credentialing Archive Folder

 Upload File

Notes on Re-credentialing Discrepancies

Write something...

Medical Staff Office Manager Approval

< Previous

> Next

✓ Finish

✎ Generate Sample Report