Credentialing and Privileges Approval

☐ Initial ☐ Recredential

Name of Applicant: _____________________________ Position: ____________________
Licensure or Certification: _______________________________

Credentialing Coordinator
☐ Information requested received and verified.
☐ No issues raised. No reasons identified to deny granting privileges.
☐ Issues raised, but resolved. No reasons identified to deny granting privileges.
☐ Issues raised to be considered before granting privileges.

By: __________________________________________________________________________
[Credentialing Coordinator] [Date]

Supervisor
☐ Application and supporting documents reviewed.
☐ Recommend privileges as requested.
☐ Privileges as requested are granted.
☐ Recommend privileges as modified (attach modifications).
☐ Privileges as modified are granted.
☐ Recommend privileges as requested be denied.
☐ Privileges as requested are denied.

If recommendation for modification or denial, state reason(s): ______________________
_____________________________________________________________________________
_____________________________________________________________________________

By: __________________________________________________________________________
[Supervisor] [Date]

Collaborating Physician (as applicable)
☐ Application and supporting documents reviewed.
☐ Recommend privileges as requested.
☐ Privileges as requested are granted.
☐ Recommend privileges as modified (attach modifications).
☐ Privileges as modified are granted.
☐ Recommend privileges as requested be denied.
☐ Privileges as requested are denied.
If recommendation for modification or denial, state reason(s): ______________________
____________________________________________________________________________
____________________________________________________________________________

By: __________________________________________________________________________

[Collaborating Physician] [Date]

Executive Director
☐ Application and supporting documents reviewed and validated.
   ☐ Recommend privileges as requested.
   ☐ Recommend privileges as modified (attach modifications).
   ☐ Recommend privileges as requested be denied.

If recommendation for modification or denial, state reason(s):
____________________________________________________________________________
____________________________________________________________________________

By: __________________________________________________________________________

[Executive Director] [Date]

Governing Board (necessary for LIPs only)
☐ Application and supporting recommendations reviewed.
   ☐ Privileges as requested are granted.
   ☐ Privileges as modified are granted (attach modifications).
   ☐ Privileges as requested are denied.

If recommendation for modification or denial, state reason(s): ______________________
____________________________________________________________________________
____________________________________________________________________________

By: __________________________________________________________________________

[Signature of Governing Board Chairperson] [Date]