

Medical Staff Documents
MS-720 Allied Health Professionals Article III: Credentialing Procedure

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ARTICLE III

CREDENTIALING PROCEDURE

A. THE REVIEW PROCESS FOR ADVANCE PRACTICE NURSES

1. The medical director of the department/division to which the APN will be assigned and the Senior VP for Patient Services shall review the application and all supporting information and documentation regarding the applicant's qualifications for the scope of practice requested. The director shall, within fourteen (14) days after receipt, make his/her recommendation to the Credential Committee by signing the application form and making necessary comments.
2. Credentials Committee shall review the application and all supporting information and all recommendation(s). The Credentials Committee may choose to interview the applicant and/or the sponsoring medical staff member, if applicable. The Credentials Committee shall, within forty-five (45) days after receipt, make a recommendation for the acceptance or rejection of the application to the Executive Committee, which shall then make its recommendation for appropriate action to the Board.
3. If the Credentials Committee's initial recommendation is adverse (as defined in Article V, Section A. (2) of this Manual) to the applicant, the Credentials Committee shall so notify the applicant in writing, subject to the due process requirements set forth in Article VI of this Manual. Either the applicant and/or the collaborating Medical Staff member (when required) will have the right to request a meeting with the Credentials Committee subject to Article VI.
4. If the application is approved and permission to practice within a defined scope of practice is granted by the Board the applicant shall be promptly notified by the Chief Executive Officer.

B. PERMISSION TO PRACTICE AND RENEWAL OF PERMISSION TO PRACTICE

1. Permission to practice in the Medical Center is a courtesy extended by the Board and shall be granted for a period not to exceed two (2) years. For initial applicants, the first year shall be provisional. At the end of the provisional period, the director of the department and the Senior VP for Patient Services to which the APN is assigned shall determine whether to grant non-provisional status, to extend the provisional period or to terminate the permission to practice and shall issue a recommendation to the Medical Executive Committee. An adverse decision by the Medical Executive Committee shall afford the APN the Due Process rights as contained in this Manual.
2. When an application for renewal of permission to practice has been completed and submitted to the Medical Staff Services Department, it shall be subject to the same processes as outlined in this Manual regarding initial applications.

C. THE REVIEW PROCESS FOR ALL OTHER AHP'S

1. The director of the department to which the AHP will be assigned shall review the application and all supporting information and documentation regarding the applicant's qualifications for the scope of practice requested. The director shall, within fourteen (14) days after receipt, make his/her recommendation to the Credential Committee by signing the application form and making necessary comments.
2. The Credentials Committee shall review the application and all supporting information and all recommendation(s). This Credentials Committee may choose to interview the applicant and/or the sponsoring medical staff member. The Medical Staff Credentials Committee shall, within forty-five (45) days after receipt, make a recommendation for the acceptance or rejection of the application to the Executive Committee, which shall then make its recommendation for appropriate action to the Board.
3. If the Credentials Committee's initial recommendation is adverse (as defined in Article V, Section A. (2) of this Manual) to the applicant, this Credentials Committee shall so notify the applicant in writing, subject to the due process requirements set forth in Article VI of this Manual. Either the applicant and/or the sponsoring Medical Staff member will have the right to request a meeting with the Medical Staff Credentials Committee subject to Article VI.
4. If the application is approved and permission to practice within a defined scope of practice is granted by the Board the applicant shall be promptly notified by the Chief Executive Officer.

D. PERMISSION TO PRACTICE AND RENEWAL OF PERMISSION TO PRACTICE FOR ALL OTHER AHP'S

1. Permission to practice in the Medical Center is a courtesy extended by the Board and shall be granted for a period not to exceed two (2) years. For initial applicants, the first year shall be provisional. At the end of the provisional period, the director of the department to which the AHP is assigned shall determine whether to grant non-provisional status, to extend the provisional period or to terminate the permission to practice and shall issue a recommendation to the Medical Executive Committee. An adverse decision by the Medical Executive Committee shall afford the AHP the Due Process rights as contained in this Manual.
2. When an application for renewal of permission to practice has been completed and submitted to the Medical Staff Services Department, it shall be subject to the same processes as outlined in this Manual regarding initial applications.