

# Carolina Family Health Centers, Inc.

## Credentialing Verification for LIPs

Employee Name: \_\_\_\_\_

Credentials:

Start Date:

Credentialing		Renewal or Completed Date	Expiration Date
Initial credentialing application	On file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last credentialing date			
License			
License - primary source verification			
Education (certificate or degree)			
Education verification (primary source)			
Board Certification (MD, PA and NP only)			
Board - primary source Verification			
National Practitioner Data Bank (NPDB query)			
NPDB, Any Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Government-issued ID (not required for renewals)	On file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BLS			
DEA			
Ownership and Control Disclosure Statement (Refer to HR-302 Ownership and Control Disclosure Statement)			
<b>Privileging</b>			
Last Privileging Date			
Fitness for Duty			
Hepatitis B or declination	On file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TB screening	On file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Peer reviews	On file? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Certification of Credentials

I verify that I have confirmed the credentials of the above-named employee:

\_\_\_\_\_  
Chief Operating Officer or Director of Human Resources Signature

\_\_\_\_\_  
Date

**LIPs include: Physicians, Physician Assistant, Nurse Practitioners, Dentists, Licensed Clinical Social Workers and Certified Pharmacist Practitioners.**

*Provide a copy of this form to the appropriate chief of staff with the privileging packet for the approval of privileges.*

April 2025

HR-402.01 Credentialing and Privileging