

PHYSICIAN ASSISTANT CREDENTIALING CHECKLIST

NAME/TITLE _____

DEPARTMENT/POSITION _____

Completed Forms:

1. Application for Allied Health Professional Membership: _____
2. National Practitioner Data Bank Form: _____
3. Medical Staff Bylaws/Rules and Regulations: _____

Documents provided by department:

4. Approved Position Description: _____
5. Delegation of Services Agreement signed by PA & Supervising MD: _____
6. Supervising MD Responsibility for Supervision of PA: _____
7. Proctoring plan: _____
8. Planned System of Review: _____
9. Letter - schedule II meds: _____

Documents provided by PA

10. Curriculum Vitae/Resume: _____
11. Licenses:
 - PA _____
 - Registration _____
 - Medication Cert _____
 - DEA: _____
 - CPR (BLS, ACLS, PALS, NALS) _____
12. NPI _____