



Facility Credentialing Checklist

The following is a checklist of documentation that I have provided in the past for obtaining temporary and affiliate privileges at various medical facilities in order to practice as a Certified Registered Nurse Anesthetist.

Based on the Engagement Agreement signed by either the Practice Group, Facility, or Staffing Agency, it was mutually agreed that I receive periodic updates from the Facility as to the status of my credentialing process. This will enable me to be more proactive in ensuring that the information you need to pre-fill the application for my attestation in addition to supporting documentation is ready and available on my website at:

<https://dreamsafe1099.com>.

Please complete the form below to the best of your ability and return to me at april@dreamsafe1099.com.

Your Name: _____ Facility: _____

Today's Date: _____

WEBSITE RESOURCES

Have you used the website to access the available information and documents? Yes No

Are there documents you need that are not available on the website? Yes No

If Yes, please list what documents you still need. _____

THIRD PARTY VERIFICATIONS

Please indicate the status of the following verification processes and add additional comments if needed.

Licensing: In Progress Completed

Comments: _____

Education: In Progress Completed

Comments: _____

Please continue to next page



Facility Credentialing Checklist

Professional

Liability: In Progress Completed

Comments: _____

Current

Affiliations: In Progress Completed

Comments: _____

Employment

History: In Progress Completed

Comments: _____

Peer

References: Date of Original Request: _____ Number of subsequent requests: _____

Who has NOT responded? _____

As a provider, I am unable to verify this information and need to know if the Credentialing Office is having difficulty in any of these areas so I can best assist in the process in a timely manner.

Thank you for taking time to complete this request.

Sincerely,

April Charpentier, CRNA