## **Before**. This is your credentialing process before **5ACVO**.

Initial Applicant Items	Initial Primary Source Verifications	Reappointment Applicant Items	Reappointment Primary Source Verifications
Send out, track and receive provider application packet	Verify Board Certification	Send out, track and receive provider application packet	Verify Board Certification
Obtain Provider's release	Review and Confirm AMA and/or AOA Profile	Obtain Provider's release	Review and Confirm AMA and/or AOA Profile
Obtain privilege forms	Verify medical School Internship, Residency, Fellowship and Affiliations	Obtain privilege forms	Verify medical School Internship, Residency, Fellowship and Affiliations
Review disclosure question and answers	Confirm State Medical Licensure	Review disclosure question and answers	Confirm State Medical Licensure
Review explanations of time gaps and claims history	Obtain Professional Peer References	Review explanations of time gaps and claims history	Obtain Professional Peer References
Review Medical Malpractice claims history	Gather current Medical Malpractice claims history	Review Malpractice claims since last credentialing cycle	Gather current Medical Malpractice claims history
btain applicable certificate copies: Board, ECFMG, Medical School, Internship, Residency, Fellowship and two years CME	Research Primary and Out of State License for Disciplinary Actions	Obtain applicable certificate copies: Board, ECFMG, Medical School, Internship, Residency, Fellowship and two years CME	Research Primary and Out of State License for Disciplinary Actions
Obtain copies: government issued hoto ID, Malpractice, DEA and CDS	Verify DEA	Acquire copies of current Certificate of Insurance	Verify DEA
Obtain CPR, ACLS and PALS certificate copies	Verify CDS (as applicable)	Obtain CPR, ACLS and PALS certificate copies	Verify CDS (as applicable)
Obtain TB, MMR, varicella and flu vaccination records	Obtain a copy of current Certificate of Insurance	Obtain TB, MMR, varicella and flu vaccination records	Obtain a copy of current Certificate of Insurance
Attest any conflict of interest, rientation and Medicare (Hospital)	Verify any Medicare and Medicaid sanctions (OIG) and exclusions (SAM)	Attest any conflict of interest, orientation and Medicare (Hospital)	Verify any Medicare and Medicaid sanctions (OIG) and exclusions (SAM)
Collect provider release and order criminal background check	Perform extensive 10 Year criminal background check	Collect provider release and order background check	Perform extensive 10 Year criminal background check
Obtain Allied Health Professional's Supervising Physicians Statement	Run NPDB query	Obtain Allied Health Professional's Supervising Physicians Statement	Run NPDB query
<b>fter</b> . This is your cr	edentialing proce	ess with <b>5ACVO</b> .	

Initial Applicant Items	Initial Primary Source Verifications	Reappointment Applicant Items	Reappointment Primary Source Verifications
NO ACTION NEEDED	Provide 5ACVO a Signed Release	NO ACTION NEEDED	Provide 5ACVO a Signed Release
	Evaluate the completed file from 5ACVO		Evaluate the completed file from 5ACVO
	Present evaluation to Board for decision		Present evaluation to Board for decision
	For illustrative purposes. Contact 5ACVO for details.		

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