

THE IDEAL CREDENTIALING STANDARDS FOR INITIAL- PRACTITIONER APPLICANTS

*Best-Practice Criteria and
Protocol for Healthcare
Organizations*

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BACKGROUND

As the membership association for medical services professionals (MSPs), the individuals responsible for credentialing and privileging healthcare practitioners, the National Association Medical Staff Services (NAMSS) seeks to streamline and standardize the practitioner-credentialing process through advocacy and education. Noting the lack of uniformity in practitioner credentialing, NAMSS convened a roundtable of industry representatives in 2014 to introduce and discuss best-practice standards for credentialing practitioner applicants in healthcare organizations. The resulting Ideal Credentialing Standards (ICS)—revised in 2019 and in 2023—provides guidance to healthcare organizations on the primary-sourced essential data elements necessary to initially credential practitioners.

NAMSS continuously reviews the ICS' essential data elements to determine where standardization would lead to improved credentialing practices. This assessment includes a thorough review of current credentialing practices to adjust to evolving medical staff operations and to identify opportunities to streamline processes.

THE IMPORTANCE OF CREDENTIALING

Credentialing is the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide patient-care services in a healthcare setting and credentials verification organizations. This process may be performed by healthcare organizations such as hospitals and health plans, or by telemedicine, ambulatory, staffing or locum tenens companies. Formally credentialing practitioners helps ensure and/or adhere to:

- Patient safety.
- Federal and state regulations.
- Healthcare organization accreditation standards.
- Risk management.
- Quality of patient care.
- Healthcare organization requirements.

VERIFICATION DEFINITIONS

Federal and state regulations and accrediting organizations stipulate that certain information must be primary-source verified and healthcare organizations should make every effort possible to primary-source verify all practitioner-credentialing elements whenever possible. If the primary source is unresponsive to material requests, the applicant is responsible for contacting the primary source.

The application remains incomplete until it is verified by the primary source. If a primary source no longer exists, secondary sources may be appropriate, in accordance with facility and accrediting organization rules. MSPs should primary-source verify all information to support the following 13 criteria within 180 days prior to the credentialing decision.

Primary-Source Verification: Obtaining and verifying a credential directly from the original issuing entity.

Designated Equivalency Sources: Regulatory-approved entities that verify credential data through the primary source. Approved designated-equivalency sources vary by accrediting organization and state regulation.

Secondary Sources: May include credential verification from another facility, or confirmation from a source that verified the credential. Healthcare organizations should only use secondary sources if the primary source no longer exists, in accordance with the organization's policy and accreditation-body standards. Per accrediting standards and facility regulations, secondary sources are unacceptable for many data elements.



NAMSS' ESSENTIAL DATA ELEMENTS FOR INITIAL CREDENTIALING

NAMSS' ICS identifies 13 essential criteria for credentialing an initial practitioner applicant. Identifying and focusing the process on these 13 criteria is the initial step organizations can take to make their credentialing processes streamlined and effective.

Each healthcare organization should establish specific qualifications for medical staff membership and/or clinical privileges that reflect practitioner competency for an initial applicant. Organizations should also incorporate the ICS' 13 criteria into their rules and regulations, credentialing policies and procedures, or other governance documents to ensure that the credentialing process is objective, systematic, and without discrimination or bias.

Just as credentialing confirms the data that practitioners provide on their applications, it may also detect information that raises questions regarding professional competence, malevolence, behavioral problems, or other red flags that would prohibit a healthcare organization from credentialing, and/or privileging an applicant. Red flags do not automatically preclude a practitioner from becoming credentialed or receiving clinical privileges; however, the elements should be investigated to the satisfaction of the medical staff.

THE IDEAL CREDENTIALING STANDARDS FOR INITIAL PRACTITIONER APPLICANTS: BEST PRACTICE CRITERIA AND PROTOCOL FOR HEALTHCARE FACILITIES

NAMSS' best practices for credentialing initial practitioner applicants include an evidence-based evaluation to verify the following 13 criteria from primary sources. Obtaining these data from primary sources ensures a thorough and vetted assessment of an applicant's professional competence and conduct. It also helps identify practitioners who need further investigation or are not suitable to be credentialed.

***Note:** Organizations listed as primary sources below are only provided as examples of sources from which verification may be determined. It is not an exhaustive list and NAMSS does not endorse any particular organizations below. MSPs should take care to vet any primary source on behalf of their facilities as they determine necessary.*

1. PROOF OF IDENTITY

Verify: Government-issued photo identification.

Verifying a practitioner's identity through government-issued documentation (e.g. current driver's license, current passport) with an identifiable photograph ensures that the practitioner's identity is correct. This must be done prior to that practitioner providing patient care.

***Note:** The practitioner may present in person or virtually to the credentialing office, another authorized member, or the organization to ensure proof of identity can be verified, and to attest that the practitioner is the same individual who appears on the government-issued identification. It is not required or recommended that a copy of the practitioner's photo ID be taken or placed in the practitioner's credentials file due to potential for identity theft.*

***Primary Sources:** Government-issued identification (e.g. current driver's license, current passport).*

2. EDUCATION AND TRAINING

Verify: A complete list of an applicant's medical school, internship, residency, fellowship, or clinical education/degrees, with completion dates, in MM/YY format (domestic and foreign). Look specifically for:

- Completion status.
- Explanation of any time gaps greater than 30 days.
- Explanation of any program(s) not completed or change in programs.
- Fifth Pathway certification, if applicable.
- Educational Commission for Foreign Medical Graduates (ECFMG) certification, if applicable.
- Name and contact information of the training program director for applicants who graduated within the past three years.

Primary Sources: May include, but should not be limited to, state regulation and applicable professional and training schools or residency training programs, National Student Clearinghouse (NSC), American Medical Association (AMA), American Osteopathic Association (AOA), ECFMG, Federation of State Medical Boards (FSMB), and state medical boards.

Red Flag Examples:

- Residency/Fellowship reference information that raises concerns.
- Incomplete training that was not disclosed.

3. TIME GAPS

Verify: All listed education and training entities that confirm training or education that includes start and end dates (MM/YY), as well as evaluations according to the Accreditation Council for Graduate Medical Education's (ACGME) competencies. Applicants must submit a written explanation of any time gap greater than 30 days.

Time gaps shed light on details of an applicant's education and training experience that are not explicit in self-reported materials. Explanations of these gaps, or lack thereof, may provide insight into an applicant's past that may be critical to the credentialing decision/recommendation. Applicants should also submit a written explanation of any instances of discipline, suspension, probation, or reprimand.

Primary Sources: May include, but should not be limited to, state regulation, applicable professional and training schools or residency training programs, NSC, AMA, AOA, ECFMG, FSMB, state medical boards, and applicant explanations.

Red Flag Examples:

- Discrepancy between information disclosed and information verified.
- Unexplained or unaccounted time gaps of 30 days or more.

4. PROFESSIONAL LICENSURE

Verify: An applicant's complete list of all independently held professional licenses including the issuing state, license type, license number, status, and issue and expiration dates. Ensure current license in every state where the patient is located.

The applicable state-licensing agencies verify the validity, dates, and status of licenses listed on an application. Licenses allow practice within the scope of each license held; however, healthcare organizations can restrict this scope. MSPs should also query FSMB, the AMA Masterfile, and/or the AOA Profile for any unreported licenses.

MSPs should directly investigate surrendered licenses or license sanctions, restrictions, revocations, suspensions, reprimands, or probations by a licensing entity, if applicable, or the National Practitioner Data Bank (NPDB). Applicants should also submit a written explanation of any instances of discipline, suspension, probation, or reprimand.

Primary Sources: State-licensing boards, FSMB, the AMA Masterfile, and the AOA Profile.

Red Flag Examples:

- All past or pending state-licensing board, Drug Enforcement Agency (DEA), or state Bureau of Narcotics and Dangerous Drugs investigative proceedings.
- Disciplinary actions by state medical boards.
- Licenses found that were not disclosed.

5. DRUG ENFORCEMENT ADMINISTRATION REGISTRATION AND STATE DEPARTMENT OF PUBLIC SAFETY AND CONTROLLED DANGEROUS SUBSTANCE CERTIFICATIONS

Verify: An applicant's complete list of current DEA, Department of Public Safety (DPS), and/or controlled-dangerous substance (CDS) certificates held including issuing state, status, registration number, and issue and expiration dates. MSPs should primary-source verify any out-of-state current DEA, DPS, and/or Certification Practice Statement certificates held. The DEA/State Bureau of Narcotics and Dangerous Drugs schedules should be appropriate for the applicant's practice. For more information on DEA schedules, see DEA.gov.

Primary Sources: DEA, state Department of Public Safety, State CDS.

Red Flag Examples:

- Revocation, restriction, or limitation of DEA or Controlled Substance Licenses.
- Applicant, has been or is under investigation by, state-controlled substance registration authority or DEA.
- Certifications discovered that the applicant did not list or disclose.

6. BOARD CERTIFICATION

Verify: An applicant's complete list of Board-specialty certifications held, including original dates; recertification dates; and participation, if applicable, in Maintenance of Certification. MSPs should check against their organizations' governing documents.

Primary Sources: Directly from the board or display agent, such as the American Board of Medical Specialties, AMA, American Board of Physician Specialties, AOA, American Nurses Credentialing Center, National Commission on Certification of Physician Assistants, etc.

Red Flag Examples:

- Previously certified and no longer maintaining certification, or action by certification Board.
- Multiple failed attempts at Board certification for the specialty privileges to which the applicant is applying and/or failure to comply with the organization's governing documents.

7. PRACTICE HISTORY TIMELINE

Verify: Practice history, which may include affiliation, employment/work history, and military service.

Affiliation History

- **Obtain:** A chronological, comprehensive list of all facilities in which a practitioner has held clinical privileges (e.g. hospitals, ambulatory or surgery centers) since training completion. Dates should be in MM/YY format.
- **Obtain:** The 10 most recent/active affiliations for locum tenens or telemedicine practitioners. MSPs should go directly to the locum tenens or telemedicine company for a complete listing of affiliations if a locum tenens or telemedicine practitioner has over 10 affiliations.

Employment History

Obtain: A chronological, comprehensive list of all employers for which a practitioner worked or contracted (e.g. practice groups, telemedicine or locum tenens companies, etc.) since training completion. Dates should be in MM/YY format.

Military Service

Obtain: The applicant's DD214 if recently discharged (i.e. within the past five years). If currently serving, the applicant should provide a comprehensive list of military experience, including military branch and enlistment dates.

Similar to education and training history, verifying an applicant's military experience provides insight into an applicant's work history and overall professional competency. The details derived from the above information provide a thorough overview of an applicant's performance. Enlistment time gaps may not be as straightforward as education and training gaps, but should not be overlooked and may require further investigation, including a written explanation by the applicant.

MSPs should check the practice history that a practitioner discloses on the application and resume/curriculum vitae against primary sources. They should also primary-source verify all practice history for at least the past five years—or as far back as necessary per any conflicting information or questionable indicators. Obtaining a complete practice history is ideal, but MSPs should verify at least the past five years to help assess current competency. Verifications should include staff/employment dates, end date or to present, staff status, and verification of standing.

A practitioner in good standing should have no adverse professional-review action taken by a healthcare organization. *The Health Care Quality Improvement Act* defines "adverse actions" as "reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership in a health care entity." Applicants must provide a written explanation for any instances of discipline, suspension, or probation.

MSPs should compare and reconcile practice history, as well as dates disclosed and dates verified. An applicant must provide a written explanation for any time gap greater than 30 days. If discrepancies exist, the applicant must provide a written explanation or be offered the opportunity to amend the submitted application.

Reconciliation of practice history timelines may lead to additional affiliations and employment-history verifications. MSPs should confirm the practitioner's professional practice history, with all gaps explained, instead of relying only on what the applicant voluntarily reports.

Affiliation and Employment Primary Sources: NAMSS PASS,* affiliation portals, or verification from healthcare organizations and/or employers.

* NAMSS PASS is a secure, online database that provides access to the affiliation history of the practitioners MSPs credential—it is the only universal resource available for tracking practitioner-affiliation history.

Military Service Primary Sources: DD214 provided by the applicant, National Personnel Records Center, verification from the applicable military branch, and current duty station.

Red Flag Examples:

- Involuntary resignation from a medical staff at any time within an applicant's career.
- Reports of problems in an applicant's professional practice or ineligibility for rehire.
- Unexplained or unaccounted time gaps of 30 days or more.
- Lack of work history in the immediate past two years.
- No or very limited response, or response from legal, from an applicant's past affiliation or employment.
- Disciplinary actions by hospitals or other healthcare facilities.
- Inability to maintain a medical practice for any amount of time (e.g. applicant changing practices more than three times in 10 years (excluding locums and telemedicine providers)).
- Substantial discrepancy found between the information the applicant provides and the verified information/response received.
- Health plan/managed-care organization contract terminations; medical society investigative proceedings at any time in an applicant's career.

8. CRIMINAL BACKGROUND DISCLOSURE

Query: Federal, state, and county databases.

An applicant's background check includes conducting a County Criminal Search and National Criminal Search to check the applicant's criminal activity within the past seven years, at minimum. MSPs should query each County Criminal Search for all counties in which the applicant has resided and worked. Collectively, the County and National Criminal Searches use an array of databases to collect information such as sex-offender data and terrorist activity.

Frequent adverse incidents throughout an applicant's work history, felony convictions, criminal history, and rehabilitation history may require additional, more extensive review. Criminal background checks should occur during initial credentialing and can be done ad-hoc at any time.

Primary Sources: *National, state, and county criminal databases, (organization-approved government body vendor).*

Red Flag Examples:

- Criminal background information.
- Discrepancy between information disclosed and information verified.
- Undisclosed information obtained through the criminal background check.

9. SANCTIONS DISCLOSURE/GOVERNMENT DATABASE CHECKS

Query: Federal and state databases, if applicable.

Temporary and permanent sanctions or licensure restrictions are relevant—and the type of licensure restriction is important to consider. For instance, a physical limitation may preclude performing surgery, but not other types of clinical practice.

Explanations should accompany any sanctions from certifying boards, payers, the Centers for Medicare & Medicaid Services (CMS), or licensing agencies. NPDB's Continuous Query issues alerts for new and monthly reports of all CMS sanctions, other federal sanctions; state sanctions; and restrictions on licensure, certification, or scope of practice. The Office of Inspector General's (OIG) List of Excluded Individuals/Entities maintains and provides monthly updates on practitioners currently barred from participating in CMS and/or other federal healthcare programs.

The System for Award Management (SAM) monitors federal agency debarments, including those from the OIG, and other state-required sanction queries. For CMS-certified healthcare organizations, a practitioner must be free of any Medicare/Medicaid exclusions.

For healthcare organizations that require a check of the CMS database, the applicant should have a record free from current Medicare/Medicaid exclusions.

Primary Sources: *NPDB, OIG, SAM, FSMB, Social Security Death Master File, CMS, and state Opt-Out databases.*

Red Flag Examples:

- Any reports or investigations of fraud, abuse, and/or misconduct from governmental entities.
- Positive reports of exclusions that were not disclosed.
- Disciplinary actions by medical staff organizations, hospitals, managed-care organizations, health plans, state medical boards, or professional societies.

10. HEALTH STATUS

In accordance with the [*Dr. Lorna Breen Health Care Provider Protection Act of 2021*](#) and the [**National Institute for Occupational Safety and Health's**](#) statement on intrusive mental health questions, NAMSS recommends the following wording for asking about an applicant's health status:

*Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)**

Primary Sources: Applicant attestation; practitioner's application; peer references, physical, if applicable.

Red Flag Example: Discrepancy between information disclosed and information verified.

* While NAMSS, the American Medical Association, and the Dr. Lorna Breen Heroes Foundation recommend the above ICS language for inquiring about an applicant's health status, these three organizations agree that it is permissible for healthcare entities to remove, if necessary, "...**for which you are not being appropriately treated...**," to meet all existing standards.

11. NATIONAL PRACTITIONER DATA BANK

Query: The NPDB, which provides healthcare-specific information on state and federal criminal convictions and civil judgments, as well as malpractice history and hospital sanctions, in accordance with the provisions of the Health Care Quality Improvement Act of 1986. MSPs must query the Data Bank during the initial credentialing process, and continuously thereafter. When credentialing by proxy, the originating site needs to query the NPDB.

Primary Source: NPDB; Continuous Query Enrollment.

Red Flag Examples:

- Discrepancy between information disclosed and information verified.
- A pattern of NPDB reports.

12. MALPRACTICE

Malpractice Insurance

Obtain: A copy of current certificate of insurance.

MSPs should verify that the applicant holds current professional liability coverage with limits that meet or exceed the organization's requirements. Ensure malpractice coverage is consistent with clinical privileges requested and coverage does not include any exclusions.

Malpractice Claims History

MSPs should obtain a comprehensive list of insurance carriers, including coverage dates and coverage types as well as a list of open, pending, settled, closed, and dismissed cases.

An applicant should provide a list of all current and past malpractice insurance carriers within at least the past five years, including coverage dates, coverage types, and policy numbers. MSPs should query relevant databases to verify an applicant's complete malpractice history and ascertain the background, status, and nature of any malpractice cases associated with the applicant.

Although prior certificates of insurance are not required, MSPs may request copies to help obtain carrier contact information.

Primary Sources: Current and past malpractice carriers, NPDB, state court records.

Red Flag Examples:

- Insufficient or unverified coverage from a professional liability insurance policy.
- Pattern of professional liability claims (which should be individually reviewed).
- Insurance dates not matching with affiliation/employment dates.

- Any claims or investigations of fraud, abuse and/or misconduct from professional review, organizations, third-party payers, or government entities.
- Pattern of jury verdicts and settlements for professional liability claims (which should still be individually reviewed).

13. PROFESSIONAL & PEER REFERENCES

Obtain: Professional references, directed and self-selected, that can speak to an applicant's current clinical competence.

Professional references should be from a professional authority who has worked directly with the applicant within the past two years (e.g. training program director, department chair or chief, or group-practice medical director) who can authoritatively speak to an applicant's experience. Peer references should be an individual from the same professional discipline and/or license type.

All reference forms should include a copy of the clinical privileges requested. References should be asked to review and recommend the privileges requested. The reference form should also include a health question (see ICS Element 9 – Health Status):

Recommended Wording for Peer References:

*To your actual knowledge, is the applicant currently suffering from or experiencing any condition or health issue that is not being treated and that impairs the applicant's judgment or that would otherwise affect the applicant's ability to practice medicine in a competent, ethical, and professional manner? (Yes/No) Responses to this question are confidential and used strictly for credentialing purposes. This question should not be answered if doing so would or could violate physician/patient obligations.**

ACGME recommends six best-practice standards for assessing an applicant's competencies: 1) patient care; 2) medical knowledge; 3) practice-based learning and improvement; 4) systems-based practice; 5) professionalism; and 6) interpersonal skills and communication. Those providing references should consider ACGME's competencies when assessing an applicant's ability to perform requested privileges as delineated on the peer-reference request.

Primary Sources: *Organization-specific form that the professional reference completes, signs, and dates.*

Red Flag Examples:

- Missing or no quality data.
- Low competency ratings or comments received.
- No response to a reference inquiry from an applicant's past affiliation after repeated attempts.

** While NAMSS, the American Medical Association, and the Dr. Lorna Breen Heroes Foundation recommend the above ICS language for inquiring about an applicant's health status, these three organizations agree that it is permissible for healthcare entities to remove, if necessary, "...for which you are not being appropriately treated..." to meet all existing standards.*

ADDITIONAL SUGGESTIONS FOR INITIAL CREDENTIALING

While strict rules and regulations govern much of the credentialing process that the above 13 elements capture, there are additional practices that MSPs may find useful in evaluating applications for privileges. These are not considered “musts” as are the 13 essential data elements, but individual organizations may opt to add any of the practices below to their credentialing procedures.

A. Internet Background Checks: MSPs may find value in running an applicant’s name through an online search engine. The wealth of information available online makes it difficult to define what may be considered a red flag, but an online search may generate information about an applicant that MSPs may want to consider. MSPs should use their best judgment, in accordance with applicable organization policies, in determining whether information found online is relevant to the credentialing/privileging decision.

B. Social Media: Similar to general Internet information, organizations may wish to perform basic reviews of public social media pages when evaluating applicants.

In doing so, MSPs should be careful to abide by all applicable employment law and hiring practices.

TERMS AND GROUPS REFERENCED IN NAMSS’ IDEAL CREDENTIALING STANDARDS

- American Board of Medical Specialties (ABMS)
- American Board of Physician Specialties (ABPS)
- American Medical Association (AMA)
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- Bureau of Narcotics and Dangerous Drugs (BNDD)
- Centers for Medicare & Medicaid Services (CMS)
- Controlled Dangerous Substances (CDS)
- Drug Enforcement Administration (DEA)
- Department of Public Safety (DPS)
- Education Commission for Foreign Medical Graduates (ECFMG)
- Federation of State Medical Boards (FSMB)
- National Commission on Certification of Physician Assistants (NCCPA)
- National Personnel Records Center (NPRC)
- National Practitioner Data Bank (NPDB)
- Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE)
- System for Award Management (SAM)

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