

ACCREDITATION CRITERIA CHECKLIST FOR PRACTITIONERS

This document was created to minimise the risk of inappropriate credentialing of Practitioners by Ramsay Health Care.

The facility Manager must verify that all applicants meet the checklist criteria **PRIOR** to the **AP Form** being submitted for assessment and recommendation to Ramsay Health Care.

Application for Appointment as an Accredited Practitioner Form

<u>Section 3 & 4 - Qualification and Fellowship Certificates</u>
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Original qualification and fellowship certificates cited, copied and attached to the facility's Practitioner personnel file.
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<u>Section 7 – References</u>

References checked and objectively recorded on the facility Practitioner file.
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<u>Section 8 – Registration</u>

Medical Professional Board registration costs receipt is verified as current and a copy placed in the facility Practitioner file.

<u>Section 9 – Insurance</u>

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| <ul style="list-style-type: none"> ▪ Medical Malpractice Insurance Certificate/Receipt is cited and verified with a copy place in the facility Practitioner file. ▪ Level of Indemnity is verified by the Practitioner's Medical Defence Organisation as appropriate for the clinical privileges requested. |
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<u>Section 11 – Disclosure</u>

Section completed in full and investigated by the facility Manager, Credentialing and Medical Advisory Committee (when indicated) and findings documented in the Practitioner file.

<u>Section 12 – Nominated alternative in an event of an Emergency</u>

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| <ul style="list-style-type: none"> ▪ Completed with contact details and verified as current by the facility manager. ▪ Nominated arrangement deemed appropriate by the Credentialing and Medical Advisory Committees and facility manager. |
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<u>Section 13 - Representation and Warranty</u>

Signed and witnessed.

<u>Section 14 – Consideration of Accredited Practitioner Application and Appointment Form</u>

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| <ul style="list-style-type: none"> ▪ All categories signed by identified authorising body. ▪ Practitioner appointment form cited, verified and signed by facility manager. |
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Sections 1 to 14 are completed in full.
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