



TAHOE FOREST HOSPITAL DISTRICT

POLICY/PROCEDURE

NO. _____

SECTION MEDICAL STAFF SERVICES

TITLE: EXPIRING DOCUMENTS

P.O. Box 759 Truckee, CA 96160 (530) 587-6011
880 Alder Ave. Incline Village, NV 89451 (775) 832-3810

PURPOSE

The purpose of this policy is to define a process to assure that practitioners maintain current, valid, and unrestricted medical licenses (CA/NV), DEA certificate(s) (CA/NV), Nevada State Pharmacy Certificate (if applicable) and other special **certifications** (if applicable).

POLICY

All members of the Medical Staff must maintain current, valid and unsuspended licenses and maintain DEA(s) and Nevada State Pharmacy Certificate (if applicable), medical malpractice insurance, and special certification (if applicable, i.e. fluoroscopy/radiography permit).

According to the Medical Staff Bylaws, automatic suspension or limitation will occur in the following circumstances:

- A. **Whenever** a member's license or other legal credential authorizing practice in either Nevada or California is revoked or suspended;
- B. Whenever a member's DEA certificate is revoked, limited or suspended;
- C. Maintain medical malpractice insurance;
- D. Other special certifications (if applicable).

PROCESS

- A. Upon initial appointment all licensures are verified via primary source verification.
- B. Two weeks prior to the end of each month, a computer generated spreadsheet for upcoming expiring licenses, medical malpractice, DEA, special certifications including fluoroscopy/radiography is **generated**.
- C. Medical Staff Services sends out the request letter to the practitioner and then primary source verifies via the Internet for license(s), DEA(s), Nevada State Pharmacy Certification and fluoroscopy/radiography (if applicable).
- D. **Within the** last week of each month, within 48 hours of expiration, if information has not been received in Medical Staff Services, the Medical Staff Coordinator telephones the physician's offices to remind them and to have them fax the required information.
- E. If the information has not been received and the required information has expired, according to the Medical Staff Bylaws, the practitioner will be automatically suspended.
- F. A certified letter is forwarded to the practitioners, and an additional courtesy phone call is made.
- G. Copies of the suspension are routed to directors of the appropriate departments (i.e. Director of Pharmacy, Chief Nursing Officer, .
- H. Upon receipt/verification of required documents, the physician's privileges will be reinstated.

FORMULATED BY: Terri Schnieder, CPMSM, Director, Medical Staff Services

EFFECTIVE DATE: 7/07

ADMINISTRATIVE APPROVAL:
Terri Schnieder, CPMSM, Director, Medical Staff services.

DATE REVISED:

APPROVAL:

DATE REVIEWED: