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BUMED INSTRUCTION 6320.66E CHANGE TRANSMITTAL 2

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel
Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM
Ref: (a) BUMEDINST 6320.66E

Encl: (1) Revised Table of Contents, page iv
(2) Appendix P, pages P-1 through P-6

1. Purpose. To announce the approval of a credentials checklist for privileged practitioners and non-privileged Navy health care providers, nurses, and registered dental hygienists consistent with the basic instruction and for immediate practice implementation.
2. Scope. Qualified, competent health care practitioners/providers are the foundation of every sound health care organization. Credentialing is the process used to obtain, verify, and assess the specialty qualifications, e.g., credentials, of all individuals who apply for a medical staff appointment with clinical privileges, or who provide health care services under a scope of practice. The credentials checklist provides consistent credentials requirements across the Navy health care system for privileged practitioners and Navy health care providers, nurses, and registered dental hygienists.
3. Background. The basic instruction contains the baseline credentials requirements for all health care providers in the Navy; e.g., physicians, dentists, registered nurses, advanced practice nurses, and allied health specialists. Contracting agencies and Medical Staff Services Professionals (MSSP) requested a compiled reference of the exact credentials required by each specialty.
4. Action. Effective immediately, contracting agencies and MSSPs may use the credentials checklist prior to allowing the health care practitioner/provider to provide patient care services under clinical privileges or a scope of care. In reference (a), remove page iv of the basic instruction and replace with enclosure (1) and insert enclosure (2) as Appendix P. Pages P-1 through P-4 applies to privileged practitioners. Pages P-5 and P-6 apply to non-privileged providers.

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APPENDIX P					
CREDENTIALS REQUIRED FOR PRIVILEGES APPLICABLE TO PRIVILEGED HEALTH CARE PRACTITIONERS AND LICENSED INDEPENDENT PRACTITIONERS					
SECTION I	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Personal and Professional Information Sheet (PPIS) Appendix J				All blanks completed: if "Not Applicable" input N/A.	Primary source verification (PSV) means to verify (testify the credential is correct) with the agency/ organization/institution initiating the credential, the practitioner actually received the credential. Each page is signed/dated by practitioner.
Privacy Act Statement (PAS)				Only one per practitioner's career is required; Must be signed, dated, and include practitioner's SSN.	
Picture				Must resemble practitioner. Need not update if resembles practitioner. Include full name and date picture taken on every picture.	
Official Identification of Practitioner				Prior to employment or privileging, an Official ID is mandatory to serve as a double check to ensure the practitioner is the practitioner requesting privileges. The Official ID must contain a picture of the practitioner with name. It can be a driver's license, a hospital picture ID, or a Federal Government picture ID.	
All time accounted for from qualifying degree until present date				Must explain all gaps located in PPIS: Must be verified if possible.	If practitioner's explanation is sketchy, the Medical Staff Services Professional (MSSP)/contracting agency must ask pertinent questions (based on information) to have a complete explanation for any lapse (gap).
Information on PPIS matches documentation within the file, e.g., license/education/training dates				If information does not match, must have documentation explaining mismatch.	
Health/Legal History Questions				All "Yes" answers must be fully explained in writing by the practitioner on the PPIS or separate sheet of paper; N/A is not acceptable.	
Resuscitative Acronyms, e.g., BLS, ACLS, ATLS, NALS, etc.				No need to PSV. Place information into Centralized Credentials and Quality Assurance System (CCQAS).	
SECTION II	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Contains all current local command information regarding privileges, Performance Appraisal Report (PAR)/CAF information					
Application for Privileges (Appendix K)				Applicant must answer or complete each question.	
Practitioner's signature with date					Local commands may require the practitioner to sign and date each page of the application, if the application is in paper form.
Core Privilege Page					Practitioner needs to sign privileges and put date on line requesting the date.
Supplemental Privilege located under Core Privilege set					Practitioner needs to sign privileges and put date on line requesting the date. Needs to request privileges by writing "Yes," or "No", and must have documented proof of current competency for every Supplemental privilege requested.
Endorsement Page				For physician, only other physicians may sign, and complete. No RN or APN approval signature. Only a physician is the "Peer" of another physician.	
SECTION III	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Professional Education/Training				PSV all education and training since and including the Qualifying Degree; and any additional education and training pertaining to their clinical duties, including training not completed. Continuing Medical Education (CME)/Continuing Education Unit (CEU) educational offerings do not require PSV.	PSV has two separate elements (information) to be collected for every PSV. (1) Verifying Official-Institution: Collect the name, position, institution name, date of PSV, telephone number, or web address; (2) Verifying Official-MSSP/Contracting Agency: Collect the MSSP/Contracting Agency representative's name, rate/rank/position, date, telephone number, signature, or typed name with signature.
Physician					
Qualifying Degree i.e., MD, DO				Must be PSV'd whether completed or not.	Defined: The Qualifying Degree is that degree directly applicable for privileges. Example: MD (Allopathic physician)/DO (Osteopathic physician)
Physician - Internship				Must be PSV'd whether completed or not.	Forms of PSV for all credentials: Letter from institution; AMA Master file Report; Educational institution web-site printout; National Clearing House Report.
Physician - Residency				Must be PSV'd whether completed or not.	
Physician - Fellowship				Must be PSV'd whether completed or not.	

SECTION III	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Naval Operational Medicine Institute (NOMI) Training				Must be PSV'd whether completed or not.	
Naval Undersea Medicine Institute (NUMI) Training				Must be PSV'd whether completed or not.	
ECFMG				Must be PSV'd whether completed or not.	
Fifth Pathway				Must be PSV'd whether completed or not.	
Other				Must be PSV'd whether completed or not. Do not verify CME.	
Physician (military/civilian). Specialty Board Certification				Must possess the specialty American Board of Medical Specialists (ABMS)/American Osteopathic Association (AOA) Board Certification or be Board Qualified.	"Board Qualified" is defined by each ABMS/AOA specialty board. Contact the specific Board if the physician is Board Qualified to make sure physician meets the Board's criteria for Board Qualified.
Dentist (military/civilian)				Graduation from a dental school approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada of the Canadian Dental Association.	
Dental Residency				Must be PSV'd whether completed or not.	If dentist has a residency, PSV residency.
Military Dentist				Must be PSV'd whether completed or not. Do not verify CME.	Advanced Clinical Practice (AC); Advanced Education General Dentist (AEGD); and, General Practice Residency (GPR) must be PSV'd.
Dental Specialty Board Certification				If nationally certified, must be PSV'd.	
Allied Health Specialist				Must be PSV'd whether completed or not.	
Audiology				Master's degree in audiology or Doctor of Audiology (Au.D) degree.	Individuals enrolled in a clinical fellowship year must possess a master's degree in Audiology or Au.D. and be under the supervision of a credentialed audiologist per the above guidelines.
Chiropractic				Graduate of a chiropractic college accredited by the Council on Chiropractic Education (CCE) or its successor.	
Clinical Psychology				A doctoral degree in clinical or counseling psychology (or an acceptable equivalent) from an accredited university or professional school, a 1-year clinical internship.	
Pharmacy				Baccalaureate degree in pharmacy or a Pharm.D. degree (from an accredited college or university).	
Dietetics				Baccalaureate degree in a program approved or accredited by the American Dietetic Association.	
Marriage and Family Therapists				Master's or doctoral degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), or a qualifying graduate degree in an allied mental health field from a regionally accredited education institution in conjunction with a program of marriage and family therapy study that is equivalent to the COAMFTE standards, as defined by the American Association of Marriage and Family Therapy (AAMFT).	
Occupational Therapy				Baccalaureate degree.	
Optometry				Doctor of Optometry degree.	
Physical Therapy				Graduate of a physical therapy program accredited by the Commission on Accreditation in Physical Therapy (CAPT).	
Podiatry				Doctor of Podiatric Medicine degree.	
Social Work				Master's degree in social work (MSW) from a graduate school of social work accredited by the Council on Social Work Education (CSWE).	Must have a minimum of 2 years full-time postmaster's degree supervised clinical social work experience.
Speech Pathology				Master's degree in Speech Pathology.	
Physician Assistant (PA)				Successful completion of a training program for PAs recognized by BUMED.	
Advanced Practice Nurse (APN) and Non-Privileged RN				Must be PSV'd whether completed or not.	APN - Graduation from a clinical master's degree program in nursing and satisfactory completion of a formal post-graduate certificate program in the desired specialty granting graduate level academic credit. These programs are most commonly referred to as post-master's certificate programs.
APN - Diploma (DIP); BSN; MSN; PhD				Must be PSV'd whether completed or not.	

SECTION III	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Specialty State License				Must be PSV'd whether completed or not.	All state licenses/certifications/registrations must be listed and PSV'd since the Qualifying Degree.
Sanctioned Licenses on all specialties				Court Order must be in Individual Credentials File (ICF)/Individual Professional File (IPF).	All sanctions or disciplinary actions must be PSV'd, i.e., sanctions taken by health care entities; licensing bodies; Medicare/Medicaid; state controlled dangerous substances or Federal drug enforcement agencies, and specialty boards. Must have Official Court Order if any license since Qualifying Degree was sanctioned, e.g., suspended, denied, restricted, partially suspended, revoked, etc.
Licenses Other than Active/Current				Explain any licenses that are not current/active since Qualifying Degree, e.g., inactive, expired, voluntarily relinquished, or subjected to disciplinary action, i.e., all voluntary or involuntary actions.	Must be PSV'd.
SECTION IV	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Physician				Active, current, unrestricted.	Physician's license is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by a State jurisdiction granting the license. If the contractor physician works only in the Federal Government arena, and exempts the compensation fund or the malpractice insurance from one of the six States below, this license must be waived also.
Physician (military/GS/civilian) working exclusively in Federal Government					The following State licenses require an approved license waiver at initial licensure, and at every renewal, if the license is the only license in which the physician practices: FL, OR, KS, MA, CO, PA.
Dentist				Active, current, unrestricted.	
Allied Health Specialist (AHS)				Active, current, unrestricted (if specialty requires licensure).	AHS Specialty Certifications.
Audiology				State License.	Certificate from the American Speech-Language-Hearing Association, Certificate of Clinical Competence (Audiology) (ASHA-CCCA), or the American Academy of Audiology (F-AAA) and certification through the American Board of Audiology. Change in Echo: Must have Board Certification through either the American Board of Audiology (ABA) or the ASHA.
Chiropractic				State License.	
Clinical Psychology				State License.	
Pharmacy				State License.	
Dietetics				State license, or Certification as a registered dietitian.	
Marriage and Family Therapists				One of the following: State license; State certification; or, Clinical membership credentials issued by the AAMFT.	
Occupational Therapy				State license optional, although recommended if the individual's home of record or current State, in which duty station is located, requires licensure.	Required: Certification as an occupational therapist.
Optometry				State license.	
Physical Therapy				Current State license as a physical therapist.	
Podiatry				Current State license	
Social Work				Current State licensure or State certification as a clinical social worker to practice independently.	
Speech Pathology				State license.	Certificate of Clinical Competency (Speech-Language Pathology) from ASHA.
Uniformed Physician Assistant (PA)				Successful completion of a training program for PAs recognized by BUMED and certification by the National Committee on Certification of Physician Assistants (NCCPAs).	
Civilian Physician Assistant (PS)				Current State license and NCCPA.	DoD Civilians are waived from mandatory licensure requirement. Non-personal contract providers must meet State requirement, which is the State license; Navy requires NCCPA.
Advanced Practice Nurse (APN) Privileged					State Nursing License APN National Certification
APN - Diploma (DIP); BSN; MSN; or PhD trained				The APN must possess a current, valid, and unrestricted RN license as a registered professional nurse; May possess the dual RN/APN license.	APN - Must obtain and maintain certification by the relevant certification body for the given APN specialty.
APN				APN - Need not possess the State APN license: May possess the dual RN/APN license.	Must obtain and maintain certification by the APN relevant specialty certification body for the given APN specialty.
National Provider Identifier (NPI): All health care practitioners, e.g., APN whose services render payment from outside sources				Not PSV'd.	All health care practitioners who generate billable care, must possess the NPI, e.g., Physicians, Dentists, APNs, AHSs.
APN - Drug Enforcement Agency (DEA) Federal (fee-paid) or Fee Exempt DoD DEA; Not required unless writing for controlled substances				Not PSV'd - APN must possess a State license to obtain the DEA.	

<u>SECTION IV</u>	<u>Y=Yes</u>	<u>N=No</u>	<u>N/A =Not Applicable</u>	<u>Navy Requirements</u>	<u>Specific Requirements</u>
Chronological Practice				The entire span of clinical practice since the Qualifying Degree, must be in chronological order to account for all periods of time since initial graduation.	All lapses in the chronology must be accounted for in writing by the practitioner. If possible, should be validated by outside source. If not validated, the practitioner must state why the lapse cannot be validated. Examples: Gaps in education/training/practice; frequent moves or relocations; changes in training programs; an unusual number of State licenses; any red flags from the PSV process as discrepancies between the information provided by applicant, and information obtained via references; applicant should disclose whether or not the applicant took the board examination and failed; all malpractice history.
Current Competency Documentation				All health care practitioners, both privileged and non-privileged must have documentation of current competency from a peer of the same discipline, e.g., physician to physician; dentist to dentist. Verification of current clinical competence can be from: A practitioner's current professional references; the applicant's program director; a report of his or her recent clinical activity; or a query of the applicant's recent health care affiliations.	Current competency has two key factors: Proof the practitioner performed the procedure/case; and, evidence he or she performed it well. All health care practitioners shall have two letters attesting to their current competency from board certified peers in their area of practice (same specialty) who have current knowledge of their clinical practice as applicable. Navy defines "current competency" as performing the skills in the requesting specialty, within the past 2-year appointment cycle for the privileged practitioner. Having practiced as a RN within the past 2 years.
<u>SECTION V</u>	<u>Y=Yes</u>	<u>N=No</u>	<u>N/A =Not Applicable</u>	<u>Navy Requirements</u>	<u>Specific Requirements</u>
Current Moonlighting Facilities				Every health care entity the applicant is working at currently, e.g., "moonlighting" it is appropriate and recommended that current competency be queried, with a reference letter received attesting to the current competency.	
Types of Current Competency				Documented evidence of types of cases; types of patients; number of surgical or procedures performed; patient care outcome statements, two letters of reference from a peer (in the same discipline) attesting to current competency, etc.	Types of cases; types of patients; number of surgical or procedures performed; patient care outcome statements, can be given out by the MSSP. For specifics see below.
Physicians				PAR for privileged practitioners.	Non-board certified physicians who allege to be specialists shall have two letters attesting their current competence by physicians certified in the specialty in which the non-board certified is practicing (DoD Policy). Navy graduates from Navy training program will possess the Performance Appraisal Report (PAR). Residency trained specialists with board certifications will have a PAR.
Surgeons; Pathologists; Specialists whose care includes procedures or deliveries				Competency attestation should include types and number of cases of surgeries/procedures and deliveries within past 2 years.	Reference letters are acceptable, but must attest to the competency regarding privileges being requested.
Non-Surgical Practitioners				Types of cases managed, number of each case treated.	Reference letters are acceptable, but must attest to the competency regarding privileges being requested.
APN				Reference letters are acceptable, but must attest to the competency regarding any specific nursing (APN) specialty being hired for.	APN, a reference letter attesting to current competency or PAR; if Midwife number of deliveries and attestation of current competency; APNs who perform procedures include number and types of procedures.
Timing of Current Competency (How far back to check)				Must be within the past 2 years of the date of requesting privileges, or being hired by contracting agency.	Must be written; not telephonic.
New Military Graduates from Navy Training Programs				Will have PAR upon graduation.	
New Military/Civilian Graduates from Civilian Training Programs				Must have written documentation of current competency within the training program from the Program Director. Graduation certificate from the training program does not equate to documented current competency.	This applies to Navy graduates from an Army or Air Force training program. Must have written current competency from Program Director.
New GS Employees Graduated from Civilian Training Programs				Must have written documentation of current competency within the training program from the Program Director. Graduation certificate from the training program does not equate to documented current competency.	
Non-Board Certified Physicians				If allege to be a specialist, must have two letters attesting their clinical competency by physicians certified in the same specialty in which the non-board certified physician is practicing.	
<u>SECTION VI</u>	<u>Y=Yes</u>	<u>N=No</u>	<u>N/A =Not Applicable</u>	<u>Navy Requirements</u>	<u>Comments</u>
Other Practice Information					
NPDB-HIPDB				Must obtain on all privileged providers being employed. Must have provider run self-query to include both NPDB and HIPDB to include in contact package.	Must be within 90 days.
Adverse Privileging Actions				Report any adverse privileging actions or disciplinary action by a hospital, State licensing board, or other Government Agency, since Qualifying Degree for the privileged/non-privileged practitioner. Include date, type of action, etc.	Include the Official Order if there was a State license sanction action, or if there was any involuntary or voluntary sanction of the Medical Staff appointment or with the Clinical Privileges.
Adverse Disciplinary Actions				Report any State or professional organization disciplinary action, e.g., was a participant in a State's practitioner Recovery Program.	Include the Official Order if there was a State disciplinary action.
Reportable Misconduct				Report any military misconduct actions, e.g., against the Uniformed Code of Military Justice (UCMJ), felony, or misdemeanor.	If civilian action, get copy of Court Order.
Malpractice Claims with Disposition				Obtain all information connected to Malpractice Claim and Disposition.	Evaluate any evidence of an unusual pattern or excessive number of professional liability actions, which resulted in a decision against him or her.
Steps to Gathering Practitioner's Data:					
<ol style="list-style-type: none"> 1. Licensure or National Certification history since Qualifying Degree. 2. Specialty education/training history since Qualifying Degree. 3. Specialty Board Certifications since Qualifying Degree. 4. License/National Certification/National Practitioner Data Bank (NPDB)-Healthcare Integrity and Protection Data Bank (HIPDB) Sanctions, and disciplinary actions since Qualifying Degree. 5. Criminal Record. 6. Health care related employment history since Qualifying Degree - Primary Source Verification (PSV) recent employment history within past 2 years. 7. Current professional references or Performance Appraisal Report (PAR)/Clinical Appraisal Report (CAR) within past 2 years. 8. Comparison and PSV of all above data. 					

SECTION IV	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Licensed Practical or Licensed Vocational Nurse				State License/Certification/Registration.	Must be PSV'd.
Registered Dental Hygienist				State Registration/National Registration.	Must be PSV'd.
NPI: All health care providers, e.g., RN whose services render payment from outside sources				Not PSV.	All health care providers who generate billable care, must possess the NPI, e.g., Non-Privileged Nurses.
RN Certifications					Specialty certifications, (CCRN/AORN): PSV not required. Specialty certification is preferable (not required) if working in specialty area, e.g., OR (AORN), Critical Care Area CCRN), etc.
SECTION V	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Specific Requirements
Chronological Practice				The entire span of clinical practice since the Qualifying Degree, must be in chronological order to account for all periods of time since initial graduation.	All lapses in the chronology must be accounted for in writing by the provider. If possible, should be validated by outside source. If not validated, the provider must state why the lapse cannot be validated. Examples: Gaps in education/training/practice; frequent moves or relocations; changes in training programs; an unusual number of State licenses; any red flags from the PSV process as discrepancies between the information provided by applicant, and information obtained via references; applicant should disclose whether or not the applicant took the board examination and failed; all malpractice history.
Current Competency Documentation				All health care providers, both privileged and non-privileged must have documentation of current competency from a peer of the same discipline, e.g., Nurse to Nurse; however, the non-privileged RN may have competency documentation from a physician. Verification of current clinical competence can be from: A provider's current professional references; the nurse's nursing program director; a report of his or her recent clinical activity; or a query of the applicant's recent health care affiliations.	Current competency has two key factors: Proof the nurse performed the procedure/case; and, evidence he or she performed it well. Navy defines "current competency" as performing the skills in nursing, within the past 2 years. Having practiced as a RN within the past 2 years. Not mandated, but would be expected to have at least one reference from same nurse specialty, if nurse is a specialist, e.g., pediatrics nurse, critical care nurse, etc.
Current Moonlighting Facilities				Every health care entity the applicant is currently providing care at outside of the Navy health care system, e.g., "moonlighting" must be queried for current competency, with a reference letter received attesting to the current competency.	
Types of Current Competency				Documented evidence of types of cases; types of patients; patient care outcome statements, a letter of reference from nurse peer attesting to current competency, etc.	For specifics see below.
RN/RDH; DH				Reference letters are acceptable, but should attest to the competency regarding any specific nursing specialty being hired for.	RN a letter attesting to current competency, or CAR.
Timing of Current Competency (How far back to check)				Must be within the past 2 years of the date of requesting privileges, or being hired by contracting agency.	Must be written; not telephonic.
New Graduates from Nursing Programs				Must have written documentation of current competency within the training program from the Program Director. Graduation certificate from the training program does not equate to documented current competency.	This applies to Navy graduates from an Army or Air Force training program. Must have written current competency from Program Director.
SECTION VI	Y=Yes	N=No	N/A =Not Applicable	Navy Requirements	Comments
Other Practice Information					Other practice information. All information shall be filed in chronological order with most recent on top.
NPDB-HIPDB				Must obtain on all providers being employed. Must have provider run self-query to include both NPDB and HIPDB to include in contact package.	
Reportable Misconduct				Report any military misconduct actions, e.g., against the UCMJ, felony, or misdemeanor.	Documentation of any military or criminal activities or reportable misconduct. Disciplinary actions by professional regulatory agencies.
Malpractice Claims with Disposition				Obtain all information connected to Malpractice Claim, and Disposition.	
Steps to Gathering Provider's Data:					
1. Licensure or National Certification history since Qualifying Degree.					
2. Specialty education/training history since Qualifying Degree.					
3. Specialty Board Certifications since Qualifying Degree.					
4. License/National Certification, and disciplinary actions since Qualifying Degree.					
5. Criminal Record.					
6. Health care related employment history since Qualifying Degree - PSV recent employment history within past 2 years.					
7. Current professional references or Clinical Appraisal Report (CAR) within past 2 years.					
8. Comparison and PSV of all above data.					