POLICY:

It is the policy of the UC San Diego Health System (UCSDHS) Medical Staff Administration Department to verify and document current licensure, relevant training or experience, and current competence for all practitioners using primary source verification whenever feasible at the time of appointment for membership and initial granting of clinical privileges, reappointment, and increase of clinical privileges. Verification may be by either hard copy, electronic, facsimile, or telephone report that documents the name of person providing information, name of requestor, information verified and date of verification.

A web crawler is a program which browses the World Wide Web in a methodical, automated manner and is used as a means of providing up-to-date data. Medical Staff Administration’s credentialing software provides web crawlers for automating tasks on websites including state licenses, DEA, and radiographic certificates. Verification that a web crawl was performed is noted electronically including the date and time the image was acquired on the practitioner’s electronic credentials file and includes an image of the document. Example of verification: “Updated by: Webcrawl On 3/31/2008 7:01 AM”

PROCEDURE:

A. LICENSURE: California licensure is verified using the following sources:
   1. MD – Medical Board of California (MBC) DCA BreEZe Online Services
   2. DO – Osteopathic Medical Board of California or DCA BreEZe Online Services
   3. DPM – California Podiatric Board or DCA BreEZe Online Services
   4. PhD/PsyD – California Board of Psychology or DCA BreEZe Online Services
   5. DDS/DMD – California State Board of Dental Examiners or DCA BreEZe Online Services
   6. CNM; CRNA; NP; RN – California Board of Registered Nursing or BreEze online services
   7. PA – Physician Assistant Board or BreEze online services

B. EDUCATION & TRAINING (initial appointment only)
   1. American Medical Association (AMA) or American Osteopathic Association (AOA) verification of education and training
      a) Training programs completed within the previous five (5) years to application will be verified directly through the training program. AMA/AOA will only be utilized if response from the primary source is unduly delayed.
   2. If AMA verification is not available:
      a) MD; DO; DDS; DMD; DPM: Confirmation of graduation from appropriate accredited school of medicine, dentistry, or podiatry.
      b) PhD; PsyD – Confirmation of graduation from school accredited by APA
      c) All: Confirm graduation from specific training program(s)
      d) Foreign Medical Graduates: Confirmation from Educational Commission for Foreign Medical Graduates (ECFMG) for those licensed after 1986.
   3. CRNA, CNM, NP, RN - National Student Clearing House

C. BOARD CERTIFICATION when indicated on application:
   1. AMA
   2. ABMS Compendium/ABMS On-Line Verification (contractual)
   3. DO: AOA or as above
D. PROFESSIONAL DISCIPLINARY HISTORY:
   1. National Practitioner Data Bank Report (NPDB)
   2. Federation of State Medical Boards Report (FMSB)
   3. Office of Inspector General (OIG) or OIG website
   4. The System for Award Management (SAM)

E. HOSPITAL PRIVILEGES:
   1. Verification of privileges in good standing from each hospital in previous seven (7) years for initial
      application; for the previous two (2) years for reappointment application

F. PROFESSIONAL LIABILITY INSURANCE
   1. Copy of current malpractice coverage face sheet including minimum coverage of $1M/$3M and
      expiration date (for non-UCSD faculty/practitioners)
   2. University of California is self-insured through UC Regents for all faculty, staff, and physicians

G. MALPRACTICE CLAIMS HISTORY to include settlements, judgments paid by or on behalf of
   practitioner:
   1. NPDB
   2. Request claims history from each insurance carrier for previous five (5) years on initial application,
      or previous two (2) years on application for reappointment.

H. WORK HISTORY:
   1. Application or CV from practitioner listing work history for previous five (5) years (CV must be in
      mm/yyyy format)
   2. Practitioner will be contacted to explain gaps of one month or more that are unexplained and might
      be indicative of adverse actions, health or other problems.

I. DEA REGISTRATION:
   1. Copy of DEA certificate from practitioner or,
   2. NTIS DEA Registration file
   3. DEA with all schedules and narcotic prescription forms required for all Medical Staff with
      admitting privileges.
   4. Institutional DEA available to all UCSD practitioners.

J. BACKGROUND CHECKS:
   1. Criminal Background Checks will be conducted at the time of initial appointment and
      reappointment.