

REAPPOINTMENT FOR CLINICAL RESPONSIBILITIES CHECKLIST

Dr.

Confirmed By:

1. Confirmation of personal information including name, address and phone. _____
2. Completed application for re-certification. _____
3. Copy of current appropriate licensure. _____
4. Verification of MA Board Registration and verification data if applicable. _____
5. Copy of DEA license if applicable. _____
6. Copy of current malpractice insurance if applicable. _____
7. Peer review within past 12 months. _____
8. CORI results received. _____
9. DCF BRC results received. _____
10. Query Response from NPDB _____

Board of Directors Committee Approval:

_____	_____
name	date
_____	_____
name	date
_____	_____
name	date
_____	_____
name	date
_____	_____
name	date

Confirmed By: