



## MEDICAL STAFF REAPPOINTMENT REVIEWS/APPROVALS

**NAME:** XXX MD

**\*\*\*If you do not recommend reappointment, a letter of explanation must accompany this packet.**

**Medical Staff Recommendation:** I have reviewed the attached reappointment application and attachments and request for clinical privileges. Based on my review of current licensure, required certifications, relevant training and experience, current clinical competence, peer references, professional liability experience, NPDB report and OPPE, I find this provider able to perform the privileges requested and recommend reappointment to the Medical Staff category below:

**Active** \_\_\_\_\_ **Courtesy** \_\_\_\_\_

**CLINICAL COMMENTS:** \_\_\_\_\_

| Division Chief | Date | Service Chief | Date |
|----------------|------|---------------|------|
|                |      |               |      |

**CREDENTIALS COMMITTEE:** Concur with above recommendation:   √  

**Credentials Committee Chair** **Date:** 09/11/2018

**MEDICAL EXECUTIVE COMMITTEE:** Concur with above recommendations:   √  

**Chief of Staff** **Date:** 09/11/2018

**GOVERNING BODY APPROVAL:** Concur with above recommendations:   √  

**Exec. Admin.** **Date:** 09/11/2018 **Director of Health** **Date:** 09/11/2018