

Major Hospital A Major Health Partner	Criminal Background Checks MS-18
Does this policy meet a regulatory requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formulated by: Medical Staff Office/Administration Approved by: Medical Executive Staff, Board of Directors Effective Date: 11/25/2013

PURPOSE: To outline procedures regarding criminal background checks for Medical Staff, Auxiliary Staff, Medical Administrative Staff, and Non- Physician Practitioners.

GUIDELINE STATEMENTS:

1. Criminal background checks (7-10 years) will be conducted on all new applicants, including locum tenens applicants, as part of the initial application process. Exception: telemedicine providers who are credentialed and privileged through a distant site credentialing agreement per SPP MS-4 Telemedicine Privileges.
2. Criminal background checks will also be conducted at reappointment.
3. Additional background checks may be performed based upon cause or as a follow-up following a previous negative report.
4. The applicant must complete the Disclosure and Authorization-Form supplied by the approved vendor. The application for appointment/reappointment will be deemed incomplete until this process is completed and the Background Verification Report has been received and reviewed.
5. Elements of the background verification include, but are not limited to, the following:
 - 5.1. Social security trace;
 - 5.2. County criminal check (all counties lived);
 - 5.3. Multi-state, multi-jurisdiction search; and
 - 5.4. All 50 states sex offender registries
6. Findings from any of the background checks will be utilized to verify the applicant's full disclosure of historical issues, and/or identify other concerns not previously stated in his/her application.
7. The Chief of Staff and the Hospital President/CEO will be notified of any negative information obtained from the background search. Based upon the applicant's disclosure and the severity of the negative information resulting from the background search, actions may range from no action to termination of the credentialing process and/or clinical privileges.

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8. Reviewing & Revising

Reviewed	Revised
	05/23/16
	06/26/17
	12/11/19
	06/27/22

UPDATE WEBSITE WITH REVISIONS

References:

Medical Staff Bylaws Credentialing Manual Section 1.2.2 f (x)

HFAP Hospital Manual 2021 03.01.15: Required Application and Reapplication: