

The following is required for credentialing of Coalition Force (CF) Providers in the CENTCOM AOR:

All providers practicing in a US Military Treatment Facility (MTF) require credentialing by the facility Commander, including Physicians, Surgeons, Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), Physician Assistants (PAs), Physical Therapists (PTs), Occupational Therapists (OTs), and Behavioral Health Officers (BHOs). This applies to any provider who would practice independently without direction or orders from a physician.

All healthcare team members are required to show evidence of current basic life support (BLS) training. Training should have been completed within 24 months and remain valid throughout the duration of the deployment. Options for BLS training include American Heart Association, Red Cross, and European Resuscitation Council.

Registered nurses (RNs), Respiratory Therapists (RTs), surgical technicians, or other healthcare team members who work under the direction of physician orders are not required to be credentialled through this process. These team members only need to provide a copy of their active license and evidence of current BLS training.

The US Military currently utilizes an Interfacility Credentials Transfer Brief (ICTB) to efficiently provide verification of source documents and background. The AMEDD Professional Management Command (APMC) Credentialing department generates the ICTB after verifying the source documents for provider training and license, i.e. diplomas.

The US Military uses the Centralized Credentials Quality Assurance System (CCQAS) to manage authorization and specific privileges at US MTFs.

The intent for our CF partners is to obtain the same information to maintain the same standard. The Senior Military Clinical Representative (SMCR) is the senior medical provider in the CF team or unit. The SMCR will be the primary point of contact with the Chief Medical Officer (CMO) for completing the credentialing process.

The ICTB contains the following information:

1. Documentation of source verification of Medical School degree, location, and date
2. Documentation of source verification of Residency, location, and date
3. Documentation of source verification of Fellowship, location, and date
4. State or National License # and expiration date
5. Drug Enforcement Agency License # and expiration date
6. Documentation of source verification of board certification and expiration date
7. Review of National Practitioner Data Bank for any history of adverse actions

- a. Adverse actions include lawsuits, censure or administrative action from a licensing body, censure or administrative action from a specialty board, loss or limitation of privileges by a hospital.
8. Basic Life Support training and expiration dates
9. Advanced Cardiac Life Support expiration date (when applicable)
10. Advanced Trauma Life Support expiration date (when applicable)
11. Location of current Military Treatment Facility where the provider has privileges

NOTE:

ACLS is required for emergency medicine, internal medicine, family practice, anesthesia, and critical care.

CCQAS Privilege Report contains:

1. Documents specific privileges authorized to be performed at the MTF.
2. Documents that the provider is in good standing with the MTF.

If a CF provider's Service uses a process similar to ICTB and CCQAS, those documents will be submitted to the CMO. If a CF provider's Service does not utilize a process similar to ICTB and CCQAS, the SMCR will:

1. Obtain a letter from the senior administrator of the CF MTF where the provider is privileged. The letter will verify that the MTF has verified the source documents for all items in the ICTB AND that the provider is in good standing with the CF MTF.
2. Obtain a list of current privileges from the CF MTF
3. Provide a separate memorandum for the CMO indicating the provider is/has:
 - a. Proficient in English
 - b. Fully immunized against Hepatitis B
 - c. Negative for active, clinical tuberculosis
 - d. Negative for HIV antibody screen within the last 2 years
 - e. Negative for Hepatitis C antibody screen within the last 2 years
 - f. Completed pre-deployment CF medical proficiency training
 - g. Trained on the Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs), which can be found <https://DeployedMedicine.com>
4. Ensure the providers complete and submit the CCSG 40-1 Credential Review and Privileging Record.
5. In the event, due to licensing differences between countries certain qualifications listed above are not able to be certified, the CMO will initiate an IPPE of at minimum 1 week of direct or indirect observation by a U.S. military physician of the same specialty to establish individual competency and currency of commonly encountered patient care conditions and procedures within that specialty.