

<p style="text-align: center;">UNIVERSITY OF MARYLAND MEDICAL SYSTEM</p> <p style="text-align: center;">POLICY AND PROCEDURE MANUAL</p>	<p>PAGE: 1 of 4</p>	<p>PROCEDURE NO: GMS - U</p>
	<p>EFFECTIVE DATE: 9/24/2015</p>	<p>REVISION NO: Revised 9/24/2015, 11/17/2016</p>
<p>SUBJECT: Resident Credentialing Policy</p>	<p>FUNCTION: RESIDENT TRAINING PROGRAMS</p>	
<p>APPROVALS: Graduate Medical Education Committee 9/24/2015, 11/17/2016 DIO/Chair of GMEC _____</p> <p>Senior Vice President and Chief Medical Officer _____</p>		

1. **Purpose**

To ensure all residents in clinical service areas are properly screened and credentialed.

2. **Scope**

This policy applies to all residents who will be providing patient care at the University of Maryland Medical Center and/or at approved training sites.

3. **Responsibility**

It is the responsibility of the program directors and residents in all educational programs sponsored by UMMC to comply with this policy.

4. **Procedure**

4.1 When a resident is selected to participate in a training program, the residency program director will notify the Medical Staff Office via the format recommended by the Office of Graduate Medical Education.

4.2 Upon the resident's selection, the residency coordinator will direct the resident to the Medical Staff website (www.umm.edu/professionals/medstaff) to obtain the credentialing application and other identified documentation.

4.3 Prospective residents must submit the following documents to the Medical Staff Office prior to the start of his/her training:

- 4.3.1 Resident/Fellow Credentialing Application*;
- 4.3.2 A current Curriculum Vitae;
- 4.3.3 Copy of current Maryland license (if applicable);

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- 4.3.4 Copy of Federal Drug Enforcement Registration (if applicable);
- 4.3.5 Copy of Maryland Drug Control Registration (if applicable);
- 4.3.6 Copy of Educational Commission for Foreign Medical Graduates Certificate, if applicable.

4.4 These documents must be received by Medical Staff Services two months prior to the residency contract start date.

4.5 Medical Staff Services will process the application by obtaining the following information:

- 4.5.1 Primary source verification of medical/professional school graduation*;
- 4.5.2 Evaluation from previous residency program directors*;
- 4.5.3 Two Peer References; (*one for core) (not required for PGY1 Resident coming directly from Medical School);
- 4.5.3 ECFMG verification (if applicable)*;
- 4.5.4 National Practitioner Databank*;
- 4.5.5 Sanction Check*;
- 4.5.6 Criminal History*;
- 4.5.7 Claims History;

* These Core items must be collected prior to the resident beginning clinical work. The remaining items are required for file completion.

4.6 License Requirement:

- 4.6.1 All residents in ACGME or Equivalent approved programs must register with the Maryland Board of Physicians as Unlicensed Medical Practitioners (UMP) unless they have an individual Maryland medical license verified by Medical Staff Services.

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4.6.2 Residents in unapproved programs are not eligible to be credentialed as clinical residents or fellows and will not receive a resident/fellow contract; These individuals must be credentialed as attending physicians and must possess an independent medical license.

4.6.3 Residents who possess an independent medical license from the State of Maryland must show proof of same prior to the start of training. Current licensure will be verified throughout the duration of the resident’s training. Should licensure not be renewed, registration as an Unlicensed Medical Practitioner will be required.

4.6.3 The residency coordinator will facilitate the completion of the UMP from and return it to Medical Staff Services within 5 days of the start of the contract year. Failure to do will result in the resident being placed on “Observation Only” status until such time as the UMP form has been submitted to Medical Staff Services.

4.7 DEA Number (DEA Registration Number)

4.7.1 The Medical Staff Office assigns a unique training DEA # to each resident for the purposes of prescribing controlled dangerous substances. This training DEA # can be used at any training site as long as the resident is acting within the scope of their training

4.8 Pre-Placement Health Evaluation

The pre-placement health evaluation is a requirement and must be completed prior to starting employment. The pre-placement health evaluation may occur as early as 60 days prior to the start date but should not be scheduled less than 14 days prior to the start date in order to ensure clearance. Employee Health recognizes there may be circumstances when the pre-placement health evaluation cannot be scheduled within this time frame and will work with programs and those new trainees on an individual basis. For more information and instructions see website: www.umm.edu/professionals/medstaff for more information and instructions.

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5. Review and Approval

- 5.1 The Director of Medical Staff Services and/or designee will review the file. If there are no issues, the Program Director and Residency Coordinator will be notified via email that the file is complete and available for review if requested.
- 5.2 If there is an issue, it will be brought to the attention of the Program Director immediately for review/action. Dependent upon the issue, a subsequent review may be requested from the Chief Medical Officer prior to the start of the rotation.
- 5.3 If negative information related to a resident is reported to or discovered by Medical Staff Services during the credentialing process, including, but not limited to fair/negative ratings/comments on evaluations, malpractice claims, criminal history, licensure actions and sanctions, then the negative information in the resident's file will be flagged for review. If the Program Director approves the resident's credentialing file, the Program Director must sign an approval related to his/her review of the negative information in addition to his/her approval of the file prior to the resident's contract start date. At the discretion of the Director of Medical Staff Services, these issues may also be referred to the Chief Medical Officer for final hiring decision.
- 5.3 Issues disclosed by the resident and/or evaluators concerning substance abuse or mental health issues will be forwarded to the Professional Assistance Committee for review, comment, and recommendations.
- 5.4 The Program Director and/or Department Chair may choose to approve or deny the resident's participation in the program based on the outcome of the credentialing process. Should there be a discrepancy in the approval of the resident applicant, the Chief Medical Officer will have final approval authority.