Background

The Accreditation Council for Graduate Medical Education (ACGME) defines hematology as the practice of pathology concerned with the study and diagnosis of human diseases involving the hematopoietic tissues. The American Board of Medical Specialties (ABMS) recognizes hematology as a subspecialty of internal medicine. According to the ABMS, hematologists diagnose, treat, and investigate diseases of the blood, spleen, and lymph, and disorders involving the interaction between blood and the blood vessel wall. Hematologists treat diseases such as:

- Anemia
- Blood clotting disorders
- Bleeding disorders
- Blood cancers, such as leukemia and lymphoma

Following medical school, hematologists complete an internal medicine residency program and then complete an accredited two-year fellowship program in hematology.

The American Board of Internal Medicine (ABIM) and the American Osteopathic Board of Internal Medicine (AOBIM) offer subspecialty certification in hematology. Both boards require physicians to be board-certified in internal medicine before sitting for the hematology subspecialty exam.

The American Board of Pathology (ABP), under the ABMS, grants certification in hematology as a subspecialty.

According to the *Specific Basic Standards for Osteopathic Fellowship Training in Hematology/Oncology* published by the American Osteopathic Association (AOA), the fellowship training program is a full-time training program that must be a minimum of 36 months in duration. A minimum of 24 months must be supervised management of patients (clinical rotations). A minimum of one month clinical rotation must focus on allogeneic and autologous bone marrow or peripheral stem cell transplantation and management of post-transplant patients.

Related white papers

- Pathology—Practice area 151
- Internal medicine—Practice area 135
Involved specialties

Hematologists

Positions of specialty boards

**ABIM**

ABIM offers subspecialty certification in hematology. This must include at least 24 months of training in hematology, with 12 months of clinical training. Within those 24 months, a minimum of a half-day per week in continuity outpatient clinic is required. (For deficits of less than one month in required training time, ABIM will defer to the judgment of the program director and promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.)

Training must include the following procedures:
- Bone marrow aspiration and biopsy, including preparation, examination, and interpretation of bone marrow aspirates and touch preparations of bone marrow biopsies
- Interpretation of peripheral blood smears, including manual white blood cell and platelet counts
- Administration of chemotherapeutic agents and biological products through all therapeutic routes
- Management and care of indwelling venous access catheters and management of methods of apheresis

ABIM requires documentation that candidates for certification are competent in:
- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

To become certified in the subspecialty of hematology, physicians must:
- At the time of application, be previously certified in internal medicine by ABIM
- Satisfactorily complete the requisite graduate medical education fellowship training
- Demonstrate clinical competence, procedural skills, and moral and ethical behavior in the clinical setting
- Hold a valid, unrestricted, and unchallenged license to practice medicine
- Pass the hematology certification examination
Hematology fellowship training must be accredited by ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC), or the Professional Corporation of Physicians of Quebec.

ABIM also offers dual certification in hematology and medical oncology. This requires three years of accredited combined training that must include: a minimum of 18 months of full-time clinical training, of which at least 12 months are in the diagnosis and management of a broad spectrum of neoplastic diseases including hematological malignancies, and six months are in the diagnosis and management of a broad spectrum of non-neoplastic hematological disorders. If the combined training must be taken in two different programs, 24 continuous months must be in one institution, and both institutions must be accredited in both hematology and medical oncology.

During the entire three years, the fellow must attend a minimum of one half-day per week in continuity in an outpatient clinic. Time spent in continuity in an outpatient clinic during nonclinical training is in addition to the requirement for full-time clinical training.

Candidates must complete all three years of required combined training before being admitted to an examination in either subspecialty. Those who elect to take an examination in one subspecialty following only two years of fellowship training will be required to complete four years of accredited training for dual certification.

**AOBIM**

According to the AOBIM, certification in hematology is a program for certified internal medicine specialists, designed to recognize excellence among those who provide care in this subspecialty field. The program has two components:
- Satisfactory completion of two years of an AOA-approved fellowship program in hematology or combined hematology/oncology. All candidates who have completed at least three years of AOA-approved training in a hematology/oncology program or a total of at least three years in separate hematology and oncology programs will be eligible to sit for both subspecialty examinations. Of the 36 months of training, a minimum of 12 months must be spent in both hematology and oncology.
- Successful performance on a comprehensive, one-day written/clinical examination. If in a three-year hematology/oncology program, candidates may sit for either the hematology or oncology examination at the end of the second year of training.

Internists must be certified by the AOA, through the AOBIM, in internal medicine and complete a 24-month AOA-approved program in the subspecialty.
**ABP**

According to the ABP, certification in pediatric hematology/oncology requires three years of training in the subspecialty following completion of training in pediatrics. A candidate for subspecialty certification must have achieved initial certification in general pediatrics and must continue to maintain general pediatrics certification.

**Positions of societies, academies, colleges, and associations**

**AOA**

According to the *Specific Basic Standards for Osteopathic Fellowship Training in Hematology/Oncology* published by the AOA, the fellowship training program is a full-time training program that must be of a minimum of 36 months in duration. A minimum of 24 months must be supervised management of patients (clinical rotations). A minimum of one month clinical rotation must focus on allogeneic and autologous bone marrow or peripheral stem cell transplantation and management of post-transplant patients.

Also, the fellow must have learning activities in:
- Morphology, physiology, and biochemistry of blood, marrow, lymphatic tissue, and the spleen
- Basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white cells, and disorders of hemostasis and thrombosis
- Etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic disorders
- Immune markers, immunophenotyping, cytochemical studies, and cytogenetic and DNA analysis of neoplastic disorders
- Molecular mechanisms of neoplasia, including the nature of oncogenes and their products
- Chemotherapeutic drugs, biologic products, and growth factors and their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions
- Multi-agent chemotherapy protocols and combined modality therapy in the treatment of neoplastic disorders
- Pain management in the cancer patient
- Rehabilitation and psychosocial management of patients with hematologic and neoplastic disorders
- Hospice and home care for the cancer patient
- Recognition and management of paraneoplastic disorders
- The etiology of cancer, including predisposing causal factors leading to neoplasia
- Cancer prevention and screening, including competency in genetic testing and counseling as they relate to hereditary cancers and hematologic disorders for high-risk individuals
• Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy
• Treatment of patients with disorders of hemostasis and the biochemistry and pharmacology of coagulation factor replacement
• Transfusion medicine, including the evaluation of antibodies, blood compatibility, and the use of blood component therapy and apheresis procedures
• Personal development, attitudes, and coping skills of physicians and other healthcare professionals who care for critically ill patients
• Human immunodeficiency virus–related malignancies
• The care and management of the geriatric patient with malignancy and hematologic disorders

The fellow must have training and experience in:
• Bone marrow aspiration and biopsy, including preparation and interpretation of peripheral blood smears, bone marrow aspirates, and touch preparations
• Measurement of complete blood counts, including platelets and white cell differential, using automated and/or manual techniques
• Administration of chemotherapeutic agents and biologic products through all therapeutic routes
• Management and care of indwelling venous catheters
• Therapeutic phlebotomy, therapeutic thoracentesis, and therapeutic apheresis
• Correlation of clinical information with cytology, histology, and imaging techniques as they relate to hematology and oncologic disease
• Platelet transfusion
• The performance and interpretation of coagulation studies and blood banking
• Platelet aggregometry
• Serial tumor mass measurement
• Fine needle aspiration and biopsy
• Bone marrow or peripheral stem cell harvest for transplant

The fellow must:
• Participate in research protocols and cooperative group trials
• Attend a supervised continuity clinic for a minimum of four hours per week, 46 weeks per year
• See a minimum of four patients per week in the ambulatory clinic
• Maintain a log of all outpatient cases

**ACGME**

The ACGME’s *Program Requirements for Graduate Medical Education in Hematology* states that, effective July 1, 2013, the educational program in hematology must be 12 months in length.

Prior to appointment in the program, fellows must have one of the following: successful completion of at least two years of a pathology residency accredited by the ACGME or a program located in Canada and accredited by the RCPSC;
certification by the ABP in anatomic pathology and clinical pathology, in anatomic pathology, or in clinical pathology; or certification by a member board of the ABMS in internal medicine or pediatrics with either ABP subspecialty certification in hematology or completion of a hematology fellowship.

Fellows must:
• Demonstrate competence in performing procedures, including bone marrow aspiration/biopsy
• Document all bone marrow aspirations/biopsies they perform in the ACGME Case Log System
• Demonstrate diagnostic competence, including:
  - Analyzing laboratory results, including automated hematology analyzers, coagulation testing, cytogenetics, flow cytometry, immunohistochemistry, and molecular studies including fluorescence in situ hybridization (FISH), and polymerase chain reaction (PCR)
  - Interpreting lymph nodes and related tissue pathology

Fellows must demonstrate expertise in their knowledge of:
• Bone marrow pathology, lymph node pathology, peripheral blood and body fluid examination, red cell disorders, hemoglobinopathies, and coagulation
• Methods of correlating data from clinical pathology, cytological, and histopathologic assessments of hematologic disease
• Pathogenesis, including clinical correlation and prognostic significance of hematologic disease
• Specimen collection and preparation for routine hematologic testing
• Techniques, including flow cytometry, molecular techniques, and automated hematology procedures
• Operation and management of hematology and relevant specialty laboratories, including quality control procedures, assay development, quality improvement activities, and laboratory regulations

ASH

According to the American Society of Hematology (ASH), a hematologist has trained in a subspecialty program approved by the ABIM or the American Board of Pediatrics, or has acquired a comparable education in the field by alternate means, and is board certified (or eligible) in the subspecialty of hematology.

A hematologist must have expertise in the investigation, diagnosis, and management of disorders of the aforementioned organ systems through the use of the medical history, physical findings, specialized clinical laboratory tests, and evaluation of tissue or cytological specimens. Clinical entities considered specific to the specialty of hematology include:
• Disorders of the structure, function, and physiology of red and white blood cells and platelets
• Disorders of hemostatic system regulation or function
• Benign and malignant disorders of the bone marrow and lymphoreticular system

Hematologists also evaluate and manage systemic disorders and other poorly understood diseases that clinically present as abnormalities of the aforementioned organ systems.

Therapies in the following areas are considered specific to the expertise of a hematologist:
• Blood products and derivatives
• Blood processing
• Hematinics
• Immunosuppressives
• Chemotherapy and other antitumor agents
• Supportive care (including pain management)
• Anticoagulants and antithrombotic agents
• Progenitor cell therapies (including stem cell therapies)

Training in hematology should equip the hematologist to focus efforts on clinical investigative, epidemiological, or research laboratory–based approaches to issues and processes that bear directly or indirectly on disorders and therapies referred to above. In addition, the expertise of the hematologist provides the basis for medical or administrative leadership of clinical laboratory organizations related to the above (e.g., clinical and special hematology laboratories, coagulation laboratories, blood banks, or related entities). Hematologists are especially qualified to conduct or participate in educational programs related to their areas of expertise for physicians, students, and other healthcare workers.

Positions of accreditation bodies

CMS

CMS has no formal position concerning the delineation of privileges for hematology. However, the CMS Conditions of Participation (CoP) define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”

§482.12(a)(6) states, “The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:
• Individual character
• Individual competence
• Individual training
• Individual experience
• Individual judgment

The governing body must ensure that the hospital’s bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners.”

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS’ CoPs include the need for a periodic appraisal of practitioners appointed to the medical staff/granted medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.

The Joint Commission

The Joint Commission has no formal position concerning the delineation of privileges for hematology. However, in its Comprehensive Accreditation Manual for Hospitals, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.”
It goes on to state that this process typically includes:

- Developing and approving a procedures list
- Processing the application
- Evaluating applicant-specific information
- Submitting recommendations to the governing body for applicant-specific delineated privileges
- Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision
- Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

The EPs for standard MS.06.01.05 include several requirements as follows:

- The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
- Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant’s current organization, peer and/or faculty recommendation, and a review of the practitioner’s performance within the hospital (for renewal of privileges)
- Consistent application of criteria
- A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
- Documentation and confirmation of the applicant’s statement that no health problems exist that would affect his or her ability to perform privileges requested
- A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
- Written peer recommendations that address the practitioner’s current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
- A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)
- A process to determine whether there is sufficient clinical performance information to make a decision related to privileges
- A decision (action) on the completed application for privileges that occurs within the time period specified in the organization’s medical staff bylaws
- Information regarding any changes to practitioners’ clinical privileges, updated as they occur

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).
In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

**HFAP**

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for hematology. The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff’s review of an individual practitioner’s qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, “Basic criteria listed in the bylaws, or the credentials manual,
include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)”

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establishes criteria for specific privilege delineation.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner’s clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileging and reappointment requests from members and other credentialed staff.

**DNV**

DNV has no formal position concerning the delineation of privileges for hematology. MS.12 Standard Requirement (SR) #1 states, “The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges.”

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.

Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

- The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements
- Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status
- Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4).
Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2).

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner’s respective delineation of privilege requests.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area. The core privileges and accompanying procedure list are not meant to be all-encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this specialty perform. Additionally, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

Minimum threshold criteria for requesting privileges in hematology

Basic education: MD or DO

Minimal formal training: Successful completion of an ACGME- or AOA-accredited residency in pathology, followed by successful completion of an accredited fellowship in blood banking/transfusion medicine.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within \([n]\) years) leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the ABIM or subspecialty certification in hematology by the AOBIM.

Required current experience: Inpatient or consultative services for at least 24 hematology patients, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME or AOA residency or clinical fellowship within the past 12 months.

References

If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.
Core privileges in hematology

Core privileges for hematology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases of the blood, spleen, and lymph glands; and disorders of the immunologic system such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. Core privileges may also include the ability to provide care to patients in the intensive care setting in conformance with unit policies, as well as assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty also include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Privileges include but are not limited to the following:
- Performance of history and physical exam
- Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
- Apheresis procedures
- Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
- Diagnostic lumbar puncture
- Indications and application of imaging techniques in patients with blood disorders
- Management and care of indwelling venous access catheters
- Preparation, staining, and interpretation of peripheral blood smears, bone marrow aspirates, and touch preparations, as well as interpretation of bone marrow biopsies
- Therapeutic thoracentesis and paracentesis

Special noncore privileges in hematology

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:
- Bone marrow transplantation
- Administration of sedation and analgesia

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism.
The applicant must demonstrate current competence and evidence of the performance of at least \([n]\) procedures, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

In addition, continuing education related to hematology should be required.

For more information

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