1.4.6 Licensed Medical Provider Credentialing and Privileging

(a) Policy
California Correctional Health Care Services (CCHCS) shall maintain a process to credential and privilege all licensed medical providers subject to this policy and who provide patient care services at California Department of Corrections and Rehabilitation (CDCR) institutions and the regional and headquarters offices of CCHCS to ensure that they meet minimum credentials, privileging, and performance standards. Licensed medical providers shall not provide any direct patient care services to CDCR patients prior to having their credentials approved and privileges granted. CCHCS considers its credentialing and privileging activities to be peer review activities within the meaning of Business and Professions Code, Section 805 and Evidence Code, Section 1157.

(1) Credentials Review
   (A) The credentials reviewed for all providers shall include, but not be limited to, licensure, certification, education, training and experience, current competence, and physical and mental ability to discharge patient care responsibilities appropriately in a correctional setting. This includes any information which bears on a provider’s:
      1. Clinical skills, competency, and judgment necessary to perform the health care services provided to patients.
      2. Judgement and ability to perform techniques in any specialty for which credentials are reviewed.
      3. Consistent observance of professional and ethical standards including a history of acting in a professional and collegial manner.
      4. Written and verbal communication skills.

(2) Scope
   (A) Credentials for civil service providers and CCHCS Telemedicine Services Unit providers may be approved on a statewide basis. Registry and contract providers must have credentials reviewed for each location where the licensed medical provider intends to provide services.
   (B) Privileges may only be granted for the specific location where a licensed medical provider intends to provide services. The CCHCS Telemedicine Services Unit provides access to medical services and specialty services at all CDCR institutions; therefore, Telemedicine Services Unit providers may be privileged statewide. However, if a Telemedicine Services Unit licensed medical provider intends to provide in-person services in a CDCR facility, the licensed medical provider shall apply for privileges specific to each location. Privileges may only be granted once credentials have been approved.

(3) Reappointment and Termination
   (A) Reappointment shall occur biennially and at other times during a licensed medical provider’s reappointment cycle as set forth in this chapter. Providers who fail to complete the reappointment process prior to expiration of their credentials and privileges shall be subject to revocation of privileges.
   (B) Permanent separation from civil service employment or contract expiration and/or termination of services as a contract/registry licensed medical provider shall result in termination of any privileges at the time of separation.

(b) Purpose
To ensure that all licensed medical providers subject to this policy and who provide patient care services at CDCR institutions meet minimum credentials, privileging, and performance standards.

(c) Applicability
(1) This policy and procedure applies to all civil service and contract/registry licensed medical providers. The following medical practitioners must have credentials verified and privileges granted:
   (A) Receiver’s Medical Executive
      1. Chief Medical Executive (CME)
      2. Deputy Medical Executive (DME)
   (B) Chief Physician and Surgeon (CP&S)
   (C) Physician and Surgeon
   (D) Physician Assistant (PA)
   (E) Nurse Practitioner
   (F) Nurse Anesthetist
   (G) Podiatrist
   (H) Specialty Consultant Practitioners
(2) Allied Health Providers must have credentials verified:
   (A) Pharmacist I
   (B) Pharmacist II
   (C) Pharmacy Services Manager

(d) Responsibility

(1) Hiring/Contracting Authority
   (A) The Hiring/Contracting Authority (HCA) for each CDCR institution or facility where providers provide direct
       patient care services is responsible for ensuring that health care providers are appropriately credentialed and
       practice within the scope of their clinical privileges. Prior to submitting a request for credentialing and
       privileging, the HCA shall ensure that all pre-appointment human resources requirements have been met
       including but not limited to, checking references and completing Live Scan reviews.

(2) Medical Reviewer
   The Medical Reviewer (MR) is responsible for reviewing credentials applications and making a determination as
   to whether credentials can be approved or whether the application requires additional evaluation.

(3) Chief Medical Executive
   The CME for each CDCR institution or facility where direct patient care services are provided is responsible for
   reviewing requested clinical privileges and for making a determination regarding privileging actions and for
   monitoring and surveillance of the professional competency and performance of those who provide patient care
   services with delineated clinical privileges. This includes both the Focused Professional Practice Evaluations for
   new privileges (for providers new to the facility as well as providers requesting new privileges) and the ongoing
   monitoring and continued surveillance over time. In his/her absence, the CME may delegate these responsibilities
   to the CP&S.

(4) Credentialing and Privileging Support Unit
   The Credentialing and Privileging Support Unit (CPSU) shall review and process all applications for credentials
   and privileges in accordance with this policy and procedure.

(5) Medical Peer Review Committee
   (A) The Medical Peer Review Committee (MPRC) shall serve as the oversight body to review and take appropriate
       action on credentialing and privileging applications, monitor credentialing and privileging activities within
       CDCR/CCHCS, and ensure that program-specific standards for credentials and clinical privileges remain
       current and up-to-date under applicable legal, accreditation, and/or community standards.
   (B) The MPRC shall refer all proposed actions that will impact the privileges of a licensed medical provider to the
       Health Care Executive Committee (HCEC) for final approval and action. All other actions taken by the MPRC
       shall be reported to the HCEC on an informational consent item report. This includes placement of credential
       alerts and credential bars as well as privilege modifications which are not taken for medical disciplinary cause
       or reason (i.e., lapse or expiration of credentials or privileges or a required certification or license).

(6) Health Care Executive Committee
   (A) The HCEC shall ensure that providers who provide services to CDCR/CCHCS patients provide clinical services
       that consistently meet the standard of care. This includes oversight of the MPRC’s credentialing and privileging
       activities.
   (B) The HCEC shall review all privileging actions taken by the MPRC and may act independently in appropriate
       cases as necessary to ensure that patient health care at CDCR/CCHCS meets the standard of care.

(7) Applicants and Licensed Medical Providers
   (A) Applicants and licensed medical providers are responsible for the following items:
       1. Providing evidence of licensure, registration, certification and/or other relevant credentials as set forth in
          this chapter for verification prior to appointment and throughout the appointment process as requested.
       2. Keeping CDCR/CCHCS apprised of information that would adversely affect or otherwise limit their
          privileges at the earliest date after notification is received by the licensed medical provider but no later than
          15 calendar days. This includes not only final actions but also pending and proposed actions.
       3. Maintaining licenses, registrations, and certification in good standing and informing the HCA of any
          changes in the status of these credentials at the earliest date after notification is received by the licensed
          medical provider but no later than 15 calendar days including, but not limited to, any pending or proposed
          actions.
4. Obtaining and producing all needed information for a proper evaluation of professional competence, character, ethics, and other qualifications. The information must be complete and verifiable. The applicant and licensed medical provider has the responsibility for furnishing information that will help resolve any questions concerning these qualifications.

(B) Failure to keep CDCR/CCHCS fully informed on these matters may result in administrative or disciplinary action.

(e) Procedure Overview

(1) The credentialing and privileging process includes primary source verifications and privileging determinations for licensed medical providers listed in Section (c)(1) who perform services and are requesting privileges related to clinical performance in CCHCS/CDCR.

(2) The HCA, CPSU, Headquarters/Regional Medical Executives, MR, CME, CP&S, MPRC, and HCEC work collaboratively in collecting, reviewing, tracking, and evaluating licensures, relevant training, experience, and current competencies of each licensed medical provider.

(f) Procedure

(1) Initial Appointment

(A) The applicant shall submit a completed CCHCS credential and privilege application package as outlined in the New Licensed Medical Provider Credentialing and Privileging Documentation Requirements (Appendix 1). In addition, the applicant shall:

1. Attest that all information submitted for the credentialing and privileging process is accurate.
2. Agree to immediately report any change in the status of the information in the application or maintained in the credentials file.
4. Agree to renew credentials and active privileges at least every two years.

(B) The CPSU shall review the application and supporting documentation, which shall include the documents listed in the Mandatory Primary Source Verification Documents (Appendix 3), to determine whether the applicant meets credentialing and privileging standards as listed in the Minimum Professional Requirements for Credentialing and Privileging Approval (Appendix 4).

1. If the application is incomplete, the CPSU shall actively work with the applicant and CME to gather missing information until the necessary information is obtained or until the CME and/or Regional DME (RDME) makes a determination regarding a final disposition for the application.

(C) When the CPSU determines the application is complete, the CPSU shall forward the credentialing application and supporting documentation to the MR for review and determination.

(D) Upon credentials approval, the CPSU shall forward the privileging application and supporting documentation to the CME for review and determination.

(E) Upon receipt of the credentials and privileging determination, the CPSU shall do the following:

1. Civil Service Applicants: If credentials are approved and provisional privileges granted for up to 180 calendar days (from the licensed medical provider’s date of appointment), the CPSU shall:
   a. Inform the HCA, RDME, and applicant of the decision.
   b. Inform the HCA, CME, and RDME of the two-month Initial Focused Professional Practice Evaluation (IFPPE) due date.
   c. Request that the CME complete and submit a Delegation of Services Agreement (DSA) within five calendar days from the applicant’s date of appointment (only applicable to Physician Assistants).

2. Contract/Registry Applicants: If credentials are approved and active privileges granted, the CPSU shall:
   a. Inform the HCA, RDME, and applicant of the decision.
   b. Request that the CME complete and submit a DSA within five calendar days from the applicant’s start date (only applicable to PAs).

(F) If credentials are not approved and no privileges are granted, the CPSU shall notify the HCA and RDME of the decision and shall concurrently refer the file to the MPRC for disposition in accordance with its procedure.

(2) Provisional to Active Privileges

(A) No less than 60 calendar days prior to expiration of provisional privileges, the CPSU shall:
1. Inform the HCA, CME, RDME, and licensed medical provider that the licensed medical provider’s provisional privileges will be expiring and of the date of the expiration.
2. Inform the HCA, CME, and RDME of the four-month IFPPE due date.
3. Identify and gather available Peer Review documentation, including the IFPPE and results from Individual Improvement Plans (IIP).
4. Identify any referral criteria items which are listed in the Referral Criteria (Appendix 5).
5. Request that the CME submit an Attestation of Clinical Competency.
6. If applicable, the CPSU shall also:
   a. Inform the CME and RDME of any referral criteria items.
   b. Request the CME to provide additional information regarding any referral criteria items.

(B) Once all necessary materials are gathered and no less than 30 calendar days prior to expiration of provisional privileges, the CPSU shall facilitate a Performance Evaluation Meeting (PEM) to review the IFPPEs, results from IIPs, available peer review documentation, and referral criteria items to make a determination regarding active privileges for the licensed medical provider. The PEM shall be facilitated with the following:
   1. Headquarters Medical Executive.
   2. RDME.
   3. MR.
   4. Institution HCA, CME, CP&S, and Chief Nurse Executive.
   5. Medical Employee Relations Officer (if there are significant concerns regarding the licensed medical provider’s performance).

(C) If active privileges are granted, the CPSU shall notify the licensed medical provider.

(D) If active privileges are denied, the CPSU shall notify the MPRC of the determination, and the MPRC shall take further action in pursuant to Section (d)(5).

(3) Biennial Reappointment

(A) No less than 60 calendar days prior to expiration of active credentials/privileges, the CPSU shall:
   1. Inform the HCA, CME, RDME, and licensed medical provider that the licensed medical provider’s active credentials/privileges will be expiring and the date of the expiration.
   2. Identify and gather available Peer Review documentation, including the Ongoing Professional Practice Evaluations (OPPE), any Focused Professional Practice Evaluations (FPPE), and the results from IIPs.
   3. Identify any referral criteria items which are listed in the Referral Criteria (Appendix 5).
   4. Request that the CME submit an Attestation of Clinical Competence based on the performance results obtained from the licensed medical provider’s OPPEs and IIPs completed over the preceding two years.
   5. Request that the CME review and submit a renewed DSA (PAs).
   6. If applicable:
      a. Inform the CME and RDME of any referral criteria items.
      b. Request additional information from the CME regarding referral criteria items.

(B) When the CPSU determines the reappointment application is complete, the CPSU shall forward the re-credentialing application and supporting documentation to the MR for review and determination.

(C) Upon re-credential approval, the CPSU shall forward the re-privileging application and supporting documentation to the CME for review. The CME shall also review the FPPEs, results from IIPs, available Peer Review documentation, and referral criteria items prior to making a determination regarding the reappointment for the licensed medical provider.

(D) If the licensed medical provider fails to complete the reappointment process before his/her privileges expire, privileges shall not be granted. The CPSU shall notify the HCA, CME, and RDME of the expiration of privileges and shall concurrently refer the file to the MPRC which shall take further action in pursuant to Section (d)(5).

(E) If reappointment is approved, the CPSU shall notify the HCA, RDME, and licensed medical provider of the decision.

(F) If reappointment is not approved, privileges may not be granted. The CPSU shall notify the HCA of the decision and shall concurrently refer the file to the MPRC which shall take further action in pursuant to Section (d)(5).
Changes to Privileging Status

(A) Privileging status changes may be initiated by the MPRC, HCEC, HCA, CME, RDME, or licensed medical provider. Changes to privileging status include, but are not limited to, resignation, rejection, denial, termination, revocation, suspension, restriction, withdrawal, or abandonment of a request for credentials and/or privileges.

(B) A licensed medical provider who currently possesses any type or set of privileges and no longer wishes to exercise such privileges may voluntarily terminate his/her privileges by providing written notice to his/her HCA or CME, which shall include the effective date of the termination. The HCA or CME shall forward the notice of voluntary termination of privileges to the CPSU within five calendar days of the licensed medical provider’s written notice.

(C) Voluntary changes to any privileging status initiated by a licensed medical provider shall not automatically be deemed to be an unfavorable action for medical disciplinary cause or reason, triggering any form of peer review. However, the MPRC and HCEC retain the discretion to review all voluntary changes to a licensed medical provider’s privileging status and to make an independent determination as to whether the change in privileging status warrants further reporting or action as required by law.

File Closure

(A) The CPSU shall close the credentialing and privileging file if any of the following conditions are met:
1. The licensed medical provider withdraws the credentialing and/or privileging application.
2. The HCA, CME, or RDME withdraws the credentialing and/or privileging request.
3. The CPSU is notified of a licensed medical provider’s resignation, retirement, or death.

Credentialing Actions

(A) One of the following actions shall occur upon each review of a request for approval of credentials and granting of privileges:
1. Credentials approved: The MR determines that the credentials of the licensed medical provider have been verified to meet the minimum standards for credentialing. The CME shall then proceed with making a privileging determination.
2. Credential file to be closed: The request to credential a licensed medical provider has been withdrawn or the HCA, RDME, or CME determines that an application shall no longer be pursued.
3. Credential alert: If the MPRC determines that certain facts should be considered as part of the current or any subsequent request to approve credentials or grant privileges to the licensed medical provider, then a credential alert shall be placed in the credentials file and the MPRC, HCA, RDME, CME, and MR shall consider the facts before acting on any subsequent application for credentials and/or privileges.
4. Credential bar: The MPRC shall place a credential bar in the credentials file if the MPRC determines that the licensed medical provider’s unsatisfactory service has resulted in any one or more of the following:
   a. Suspension or revocation of the licensed medical provider’s privileges by the HCEC.
   b. Separation for cause from civil service employment with the CDCR/CCHCS.
   c. Termination for cause of the licensed medical provider’s services as a contract/registry licensed medical provider with the CDCR/CCHCS.
   d. Any legally enforceable agreement including, but not limited to, a settlement agreement prohibiting the licensed medical provider from practicing as an employee or contract/registry licensed medical provider with the CDCR/CCHCS.

   The placement of a credential bar by the MPRC shall be forwarded to the HCEC as a consent calendar item. After placement of a credential bar in the credentials file, any subsequent application for credentials and/or privileges must be reviewed by the HCEC.
5. Referral to MPRC: The MR shall defer a recommendation on an application for credential approval and refer the case to the MPRC in the event that the MR determines there is a need for additional evaluation of a licensed medical provider’s credentials information due to the presence of referral criteria items or issues in the file; refer to categories I & II of the Referral Criteria (Appendix 5).
6. Credential disapproval: If the MPRC determines that the credentials of the licensed medical provider do not meet the minimum standards, the MPRC shall refer the matter to the HCEC for a final determination regarding the credential disapproval.

Consideration of Requests for Credentials and/or Privileges

(A) Before taking any action on a request to approve credentials and/or grant privileges, the CME and MR shall:
1. Consider all credentialing and peer review information including credential alerts or bars, in the credentials file.
2. Confirm that the HCA who requested the credential clearance is informed of and has considered all facts relevant to the employment or contracting decision including facts that resulted in the placement of a credential alert or bar.

(B) If the credentials file contains a credential alert, the MR shall refer the request to the MPRS for review and adjudication.

(C) If the credentials file contains a credential bar, the MR shall refer the request to the HCEC for review and adjudication.

(D) The MR shall approve credentials only if they determine that the licensed medical provider:
   1. Meets all credentialing requirements as delineated in this chapter.
   2. Possesses the current competence and mental and physical ability to adequately discharge patient care responsibilities in a correctional setting.

(E) Where the CME and MR lack sufficient information to make a finding regarding current competence and mental and physical ability, the CME and MR shall refer the request to the MPRC for a determination.

(8) Referring Actions for Medical Disciplinary Reasons
   (A) The CME and MR are not authorized to deny any application for credentials and/or privileges based on a medical disciplinary cause or reason within the meaning of the California Business and Professions Code, Section 805, et seq.
   (B) Where the CME and MR determine that they cannot make a recommendation to approve credentials or grant privileges without denying them based on a medical disciplinary cause or reason, the CME and MR shall refer their recommendation to the MPRC which shall take further action in pursuant to Section (d)(5).

(9) Initial Focused Professional Practice Evaluation
   (A) An IFPPE is not a restriction or limitation on the licensed medical provider to practice, but rather, a time-limited probationary evaluation process which allows medical leadership the opportunity to review the licensed medical provider’s professional performance to determine if active privileges should be granted for a maximum period of two years. The process may include:
      1. Chart reviews.
      2. Direct observation.
      4. Discussion with other individuals involved in the care of patients.
   (B) Upon the licensed medical provider’s appointment date, the CME shall complete an IFPPE at two months and four months.

(10) Civil Service Licensed Medical Provider Transfers and Promotions
   (A) In addition to biennial reappointment, all civil service licensed medical providers who are selected for promotional appointments shall be required to undergo initial appointment pursuant to Section (f)(1) prior to beginning job duties for the promotional position. Appointment for a promotion shall be based on available documentation pertaining to the evaluation of the licensed medical provider’s performance.
   (B) If a licensed medical provider laterally transfers to a different institution or facility and stays in the same job classification, full reappointment is not required prior to the expiration of the licensed medical provider’s current credentialing cycle, but the licensed medical provider must re-privilege at the new facility or institution.
   (C) If a licensed medical provider transfers or promotes while providing services based on provisional privileges, the licensed medical provider shall still be required to complete all aspects of his/her provisional privileges and probationary period including probationary evaluations, IFPPEs, and IIPs before active privileges may be granted.

Appendices
- Appendix 1: New Licensed Medical Provider Credentialing and Privileging Documentation Requirements
- Appendix 2: Mandatory Primary Source Verification Documents
- Appendix 3: Minimum Professional Requirements for Credentialing and Privileging Approval
- Appendix 4: Licensed Medical Provider Code of Professional Conduct
Appendix 5: Referral Criteria
Appendix 6: Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval

References
- California Business and Professions Code, Division 2, Chapter 1, Article 11, Section 800, *et seq.*
- California Business and Professions Code, Division 2, Chapter 5, Article 12, Sections 2234 and 2261
- California Evidence Code, Division 9, Chapter 3, Section 1157
- California Penal Code, Part 3, Title 7, Chapter 2, Section 5068.5
- California Code of Regulations, Title 22
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 3, Article 22, Section 33030.3.1, Code of Conduct

Revision History
Effective: 12/2017
Licensed medical providers shall complete a credentialing and privileging application. Contents of the credentialing and privileging application package shall include, at a minimum:

- Licensure information on any active or inactive licenses.
- California registered Drug Enforcement Administration (DEA) certificate or attestation that the licensed medical provider will update and/or obtain a California registered DEA certificate within 30 calendar days from the date of appointment. Contract/Registry licensed medical providers must have a California registered DEA certificate.
- Work History (gaps greater than three months must be accounted for).
- Complete contact information for three professional peer references.
- Attestation Questionnaire that includes:
  1. Licensed medical provider attesting to reasons for inability to perform the essential functions of the position with or without accommodation.
  2. Lack of present illegal drug use.
  3. History of loss of license and/or criminal convictions.
  4. History of loss or limitation of privileges or disciplinary activity.
- Attestation to the correctness and completeness of the credentialing and privileging application.
- Authorization to Release Information Form.
- Proof of Professional Liability Insurance (Contract/Registry Only).
- Advanced Cardiovascular Life Support (ACLS) from an accredited American Heart Association (AHA) training site or attestation that the licensed medical provider will obtain AHA ACLS certification within 30 calendar days from the date of appointment. Contract/Registry licensed medical providers must have current AHA ACLS certification.
- Code of Conduct and Professional Behavior.
- California Correctional Health Care Services (CCHCS) Privilege Request Form.

The CCHCS Human Resources and/or Contract Branch shall verify that the licensed medical provider requesting approval of credentials and privileges is the same licensed medical provider identified in the credentialing and privileging documents.
Appendix 2
Licensed Medical Provider Code of Professional Conduct

To provide and promote quality health care, emphasizing professionalism, respect and sensitivity, I, ________________, will adhere to the following Licensed Medical Provider Code of Professional Conduct in all interactions with patients, colleagues, other health professionals, and the public.

The Licensed Medical Provider Code of Professional Conduct (Code) is a series of principles and subsidiary rules that govern professional interactions. The Code applies to all Licensed Medical Providers, as defined in these policies, in the California Department of Corrections and Rehabilitation (CDCR) involved in clinical and administrative activities.

Failure to meet the professional obligations described below represents a violation of the Code. Items marked with an asterisk (*) indicate behaviors that may also violate federal or state laws.

1. Respect for Persons
   The basis of all human interactions at any CDCR facility will be to treat each other with respect and dignity, no matter what station, degree, race, age, sexual orientation, religion, gender, disability and/or disease. To accomplish this, I resolve to:
   • Treat patients, colleagues, other health professionals, and the public with the same degree of dignity and respect I would wish them to show me.
   • Treat patients with kindness and gentleness.
   • Respect the privacy and modesty of patients.
   • Not use offensive language, verbally or in writing, when referring to patients or their illnesses.
   • Not use offensive language when interacting with any others in the community.
   • Not harass others physically, verbally, psychologically, or sexually.*
   • Not abuse one’s power or position for sexual and/or romantic ends.
   • Not discriminate on the basis of sex, gender, religion, race, national origin, ancestry, color, disability, age, genetic information, marital status, medical condition, political affiliation or opinion, veteran status/military service, or sexual orientation.*
   • Treat all other health professionals as professionals in a professional manner.

2. Respect for Patient Confidentiality
   The confidentiality of patient communication and information is the basis of professional care. To realize its achievement, and consistent with the nature and confines of providing care in a correctional environment, I resolve to:
   • Not share the medical or personal details of a patient with anyone except those health care professionals integral to the wellbeing of the patient or within the context of an educational endeavor.*
   • Not discuss patients or their illnesses in public places where the conversation may be overheard.
   • Not publicly identify patients, in spoken words or in writing, without patients’ permission.
   • Not invite or permit unauthorized persons into patient care areas, except as necessary in consideration of the correctional setting where care is provided.
   • Not access or attempt to access confidential data on patients unless the information is necessary for the care of that patient.*

3. Honesty and Integrity
   Honesty and integrity are the foundations of good physician-patient and professional-professional relationships. To this end, I resolve to:
   • Be truthful in verbal and in written communications.
   • Acknowledge an unanticipated outcome to colleagues and patients when the result of a treatment or procedure differs significantly from what was anticipated.
   • Protect the integrity of clinical decision-making, regardless of financial impact.
• Not knowingly mislead others.
• Not otherwise act dishonestly.

4. **Responsibility for Patient Care**
   To maintain my responsibility for patient care, I resolve to:
   • Obtain the patient’s informed consent for diagnostic tests or therapies.
   • Not abandon a patient. If unable/unwilling to continue care, I have the obligation to assist in making a referral to another competent practitioner willing to care for the patient.
   • Follow up on ordered laboratory tests and complete patient record documentation conscientiously.
   • Coordinate with clinical care teams about the timing of information sharing with patients to present a coherent and consistent treatment plan.
   • Not document items in the medical record that were not performed.
   • Not abuse alcohol or drugs.

5. **Awareness of Limitations and Professional Growth**
   Lifelong learning is critical to the competent practice of our profession. To achieve this end, I resolve to:
   • Be aware of my personal limitations and deficiencies in knowledge and abilities and know when and whom to ask for supervision, assistance, or consultation.
   • Know when and for whom to provide appropriate supervision.
   • Avoid patient involvement when ill, distraught, or overcome with personal problems.

6. **Behavior as a Professional**
   Patients expect appropriate dress and identification. To fulfill this, I resolve to:
   • Clearly identify myself and my role to patients and staff.
   • Dress in a neat, clean, professionally appropriate manner.
   • Maintain professional composure despite fatigue, professional pressures, personal problems, or the challenges of a correctional setting.
   • Not write offensive or judgmental comments in patients’ charts.
   • Avoid disparaging and critical comments about colleagues and their medical decisions in the presence of patients.

7. **Responsibility for Peer Behavior**
   Peer review, reporting and monitoring is part and parcel of my role as a professional who is allowed the privilege of self-regulation. To this end, I resolve to:
   • Report breaches of the Code to my supervisor, or another individual in my supervisory chain of command if I believe my supervisor has breached this Code.

8. **Respect for Personal Ethics**
   Each individual’s beliefs and ethical principles will be respected. To this end, I resolve to:
   • Inform patients of available treatment options that are consistent with acceptable standards of medical and nursing care.
   • Respect patient wishes, including advance directives, consistent with acceptable standards of care.

9. **Respect for Property and Laws**
   Adherence to the law is integral to professional behavior. To fulfill my commitment, I resolve to:
   • Adhere to the policies governing CDCR and its institutions.
   • Adhere to local, state, and federal laws and regulations.
   • Not misappropriate, destroy, damage, or misuse State property.
Appendix 3

Mandatory Primary Source Verification Documents

The Credentialing and Privileging Support Unit shall verify the following list of documents, as required according to the licensed medical provider’s classification:

- Valid picture identification issued by a state or federal agency.
- California Health Care License (i.e., Medical Board of California).
- California registered Drug Enforcement Administration (DEA) certificate, or an attestation that the licensed medical provider will update and/or obtain a California registered DEA certificate within 30 calendar days from the date of appointment. Contract/Registry licensed medical providers must have a California registered DEA certificate.
- National Practitioner Data Bank report.
- Office of Inspector General exclusions.
- American Medical Association or American Osteopathic Association.
- National Commission for Certification of Physician Assistants.
- American Nursing Credentialing Center or American Academy of Nurse Practitioners.
- Curriculum Vitae (Current within 30 days), including:
  1. Education.
  2. Training.
  3. Work History to include clinical duties/responsibilities (last five years).
- Professional Liability Insurance (Contract/Registry Only).
- Explanations to attestation/disclosure questions.
- Signature and date on Authorization to Release Information form.
- Signature and date on Affirmation of Information form.
- Advanced Cardiovascular Life Support (ACLS) from an accredited American Heart Association training site or attestation that the licensed medical provider will obtain AHA ACLS certification within 30 calendar days from the date of hire. Contract/Registry licensed medical providers must have current AHA ACLS certification.
- The Hiring/Contract Authority’s recommendation (Attestation) for requested privileges
- Current peer review recommendations and decisions.
- References and recommendations from former California Department of Corrections and Rehabilitation institutions where the licensed medical provider has previously provided services.
- Recommendation from the residency program director, if residency was completed within the past 12 months.
- References and recommendations for any other relevant individuals who may have firsthand knowledge of the applicant’s ability to competently perform the requested privileges.
- Hospital Affiliation Letter.
### Appendix 4

Minimum Professional Requirements for Credentialing and Privileging Approval  
(Requirements listed shall be reviewed annually and updated for each discipline as needed)

**Physician and Surgeon / Chief Physician and Surgeon**

Licensed Medical Provider must meet the following requirements:

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<tr>
<th>M.D.</th>
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<tr>
<td><strong>License</strong></td>
<td>Current unrestricted license as a Physician and Surgeon issued by the Medical Board of California.</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Completion of a three-year residency in Internal Medicine, Family Medicine, or Family Practice (IM/FM or FP) in a program accredited by the American Council for Graduate Medical Education (ACGME) or certified by the Royal College of Physicians and Surgeons of Canada (RCPSC).</td>
</tr>
<tr>
<td>Note: Licensed medical providers who have not completed all three years of residency in IM/FM or FP may satisfy this requirement by demonstrating that their certifying board approved any non-IM/FM or FP portion of the residency.</td>
<td>Note: Licensed medical providers who have not completed all three years of residency in IM/FM or FP may satisfy this requirement by demonstrating that their certifying board approved any non-IM/FM or FP portion of the residency.</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>Completion of one year transitional/internship in an ACGME accredited program AND completion of a two-year residency in IM/FM or FP in an ACGME or RCPSC accredited program.</td>
</tr>
<tr>
<td><strong>Certifications</strong></td>
<td>Current board certification in IM/FM or FP issued by the American Board of Medical Specialties (ABMS).</td>
</tr>
<tr>
<td><strong>OR (Civil Service only)</strong></td>
<td>Applicants or current employees may be appointed or re-privileged without current board certification but must become board certified in IM/FM or FP issued by the ABMS within three consecutive board certification exam administration periods.</td>
</tr>
<tr>
<td>Advanced Cardiovascular Life Support (ACLS) certification obtained from the American Heart Association.</td>
<td>Advanced Cardiovascular Life Support (ACLS) certification obtained from the American Heart Association.</td>
</tr>
<tr>
<td>California registered Drug Enforcement Administration (DEA) certificate.</td>
<td>California registered Drug Enforcement Administration (DEA) certificate.</td>
</tr>
</tbody>
</table>
NOTE: A licensed medical provider may be appointed to the Civil Service Physician and Surgeon, Correctional Facility (P&S, CF) classification only if he or she will be primarily practicing in a specialty area. Such licensed medical providers must meet the following training and board certification requirements, in addition to the above requirements for license, ACLS, and DEA:

- Completion of residency in a specialty program accredited by the ACGME, AOA, or certified by the RCPSC.
- Current board certification issued by the AOA or ABMS.

Current and former civil service physicians and surgeons in the P&S, CF classification who passed the Quality Improvement in Correctional Medicine Physician Assessment (QICM) pursuant to orders of the Court in *Plata v. Newsom*, U.S. District Court, Northern District, Case No. C01-1351 JST, are exempt from the training and board certification requirements listed above. However, such licensed medical providers must still maintain a current unrestricted license to practice medicine, ACLS certification, and DEA certificate.

### Receiver’s Medical Executive

**Licensed Medical Providers must meet the following requirements:**

<table>
<thead>
<tr>
<th>M.D</th>
<th>D.O.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>License</strong></td>
<td>Current unrestricted license as a Physician and Surgeon issued by the Medical Board of California.</td>
</tr>
<tr>
<td><strong>Certifications</strong></td>
<td>Current board certification issued by the ABMS.</td>
</tr>
<tr>
<td></td>
<td>ACLS certification obtained from the American Heart Association.</td>
</tr>
<tr>
<td></td>
<td>California registered DEA certificate.</td>
</tr>
</tbody>
</table>

### Advanced Practice Registered Nurse – Nurse Practitioner

**Licensed Medical Providers must meet the following requirements:**

<table>
<thead>
<tr>
<th><strong>License</strong></th>
<th>Current unrestricted license as a Registered Nurse issued by the California Board of Registered Nursing.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current unrestricted certificate as a Nurse Practitioner issued by the California Board of Registered Nursing.</td>
</tr>
<tr>
<td></td>
<td>Current Nurse Practitioner Furnishing Number issued by the California Board of Registered Nursing.</td>
</tr>
<tr>
<td><strong>Certifications</strong></td>
<td>Current board certification issued by the American Nursing Credentialing Center or American Academy of Nurse Practitioners.</td>
</tr>
</tbody>
</table>

**OR (Civil Service only)**

Applicants or current employees may be appointed or re-appointed without current board certification but must become board certified within 18 months of appointment or re-privileging.

**NOTE:** Current and former civil service nurse practitioners who were appointed prior to the effective date of this chapter are exempt from the board certification requirements listed above. However, such practitioners must still comply with the licensure requirements set forth above.

| | ACLS certification obtained from the American Heart Association. |
| | California registered DEA certificate. |
Physician Assistant

Licensed Medical Provider must meet the following requirements:

<table>
<thead>
<tr>
<th>License</th>
<th>Current unrestricted license as a Physician Assistant issued by the California Physician Assistant Board.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certifications</td>
<td>Current board certification issued by the National Commission for Certification of Physician Assistants.</td>
</tr>
<tr>
<td>OR (Civil Service applicants only)</td>
<td>Applicants or current employees may be appointed or re-appointed without current board certification but must become board certified within 18 months of appointment or re-privileging.</td>
</tr>
<tr>
<td>NOTE:</td>
<td>Current and former civil service Physician Assistants who were appointed prior to the effective date of this chapter are exempt from the board certification requirements listed above. However, such practitioners must still comply with the licensure requirements set forth above, ACLS, and DEA requirements.</td>
</tr>
<tr>
<td>ACLS certification obtained from the American Heart Association.</td>
<td></td>
</tr>
<tr>
<td>California registered DEA certificate.</td>
<td></td>
</tr>
</tbody>
</table>

Nurse Anesthetist

Licensed Medical Provider must meet the following requirements:

<table>
<thead>
<tr>
<th>License</th>
<th>Current unrestricted license as a Registered Nurse issued by the California Board of Registered Nursing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Completion of an accredited nurse anesthetist education program provided by the Board of Registered Nursing or by the Council on Accreditation of nurse Anesthetists Education Programs.</td>
</tr>
<tr>
<td>Certifications</td>
<td>ACLS certification obtained from the American Heart Association.</td>
</tr>
</tbody>
</table>

Pharmacist I / Pharmacist II / Pharmacy Services Manager

Licensed Medical Provider must meet the following requirements:

| License                        | Current unrestricted license as a Pharmacist issued by the California Board of Pharmacy. |

Specialty Licensed Medical Provider (including, but not limited to, cardiologist, gastroenterologists, urologists, ophthalmologists, orthopedic surgeons, pain management, preventive medicine), must meet the Credentialing and Privileging Standards (Appendix 6, Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval).
Appendix 5
Referral Criteria

Additional evaluation by the Hiring/Contracting Authority and the Medical Peer Review Committee (MPRC) is required based on the presence of one or more of the issues identified below. However, if any of the following referral criteria items have previously been reviewed and credentials were approved, they do not need to be reviewed as part of any subsequent credentialing and/or privileging evaluations if it is the exact same referral criteria item.

<table>
<thead>
<tr>
<th>License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>State health care license presents with a Board Accusation.</td>
</tr>
<tr>
<td>State health care license presents with a Board Action – Suspension, Probation</td>
</tr>
<tr>
<td>Business and Professions Code section 805 report (exclude reports for non-change of address).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Practitioner Data Bank Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any claims history.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The supervisor does not endorse the applicant for core and/or requested privileges.</td>
</tr>
<tr>
<td>Open or pending peer review action which has resulted in summary suspension of privileges pursuant to a Safety Assessment.</td>
</tr>
<tr>
<td>Prior peer review proceeding which were initiated, but not completed, or action items resulting from the prior peer review finding remain incomplete.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminal Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner attests to drug use or criminal activity/background check – misdemeanor or felony.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Drug Enforcement Agency Certification status.</td>
</tr>
<tr>
<td>Change in Advanced Cardiovascular Life Support Certification status.</td>
</tr>
<tr>
<td>Failure to meet Board Certification requirements as specified in Minimum Professional Requirements for Credentialing and Privileging Approval (Appendix 4).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
</tr>
</thead>
</table>
## Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval

(Licensed medical providers must meet the following requirements in accordance with their specialty)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Title</th>
<th>Licensing Board</th>
<th>Certifying Specialty Board</th>
<th>ACLS</th>
<th>BLS</th>
<th>DEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Registered Nurse Anesthetist</td>
<td>Certified Registered Nurse Anesthetist</td>
<td>California Board of Registered Nursing</td>
<td>American Association of Nurse Anesthetists or National Board of Certification and Recertification for Nurse Anesthetists</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Anesthesiology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Anesthesiology or American Osteopathic Board of Anesthesiology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Cardiology)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Internal Medicine (Subspecialty - Cardiology) or American Osteopathic Board of Internal Medicine (Subspecialty - Cardiology)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Endocrinology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Internal Medicine (Subspecialty - Endocrinology) or American Osteopathic Board of Internal Medicine (Subspecialty - Endocrinology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Dermatology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Dermatology or American Osteopathic Board of Dermatology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Gastroenterology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Internal Medicine (Subspecialty - Gastroenterology) or American Osteopathic Board of Internal Medicine (Subspecialty - Gastroenterology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialty</td>
<td>Title</td>
<td>Licensing Board</td>
<td>Certifying Specialty Board</td>
<td>ACLS</td>
<td>BLS</td>
<td>DEA</td>
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</tr>
<tr>
<td>Infectious Disease</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Infectious Disease)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of</td>
<td>or American Osteopathic Board of Internal Medicine (Subspecialty - Infectious Disease)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Medical Oncology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of</td>
<td>or American Osteopathic Board of Internal Medicine (Subspecialty - Medical Oncology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Nephrology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of</td>
<td>or American Osteopathic Board of Internal Medicine (Subspecialty - Nephrology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Psychiatry and Neurology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of</td>
<td>or American Osteopathic Board of Psychiatry and Neurology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics and</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Obstetrics and Gynecology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gynecology</td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of</td>
<td>or American Osteopathic Board of Obstetrics and Gynecology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Ophthalmology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of</td>
<td>or American Osteopathic Board of Ophthalmology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>Title</td>
<td>Licensing Board</td>
<td>Certifying Specialty Board</td>
<td>ACLS</td>
<td>BLS</td>
<td>DEA</td>
</tr>
<tr>
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</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Orthopedic Surgery</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Orthopedic Surgery or American Osteopathic Board of Orthopedic Surgery</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Otolaryngology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Otolaryngology or American Osteopathic Board of Otolaryngology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Pain Management</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Doctor of Podiatric Medicine</td>
<td>California Board of Podiatric Medicine</td>
<td>American Board of Podiatric Surgery or American Board of Podiatric Orthopedics and Primary Podiatric Medicine</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Preventive Medicine</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Internal Medicine (Subspecialty - Pulmonology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Internal Medicine (Subspecialty - Pulmonology) or American Osteopathic Board of Internal Medicine (Subspecialty - Pulmonology)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Specialty Licensed Medical Provider Professional Requirements for Credentialing and Privileging Approval
(Licensed medical providers must meet the following requirements in accordance with their specialty)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Title</th>
<th>Licensing Board</th>
<th>Certifying Specialty Board</th>
<th>ACLS</th>
<th>BLS</th>
<th>DEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Psychiatry and Neurology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Psychiatry and Neurology or American Osteopathic Board of Neurology and Psychiatry</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Radiology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Radiology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Radiology or American Osteopathic Board of Radiology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Urology</td>
<td>Doctor of Medicine</td>
<td>California Medical Board</td>
<td>American Board of Urology</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Doctor of Osteopathy</td>
<td>Osteopathic Medical Board of California</td>
<td>American Board of Urology or American Osteopathic Board of Surgery (Urologic Surgery)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**License:** Licensed medical provider must have and maintain a current unrestricted license to practice in California.

**ACLS Certification:** Advance Cardiovascular Life Support (ACLS) Certification obtained from an American Heart Association accredited training site.

**BLS Certification:** Basic Life Support Certification obtained from an American Heart Association or the American Red Cross accredited training site.

**DEA Certificate:** California registered Drug Enforcement Administration (DEA) certificate

**Board Certification:** Licensed medical provider must have and maintain board certification within their specialty.