DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED-N10
25 Nov 2025

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE ENTERPRISE-WIDE PRIVILEGING IMPLEMENTATION GUIDANCE

Ref: (a) ASD Exception to Policy memo of 19 Sep 2025
(b) DoD Instruction 6025.13 of July 26, 2023
(c) BUMEDINST 6010.30

Encl: (1) Detailed Enterprise-Wide Privileging Transfer Process
(2) Enterprise-Wide Privileging Process Flow Chart
(3) Navy Enterprise-Wide Privileging Business Rules
(4) Acronyms and Glossary

1. Purpose. The Assistant Secretary of War for Health Affairs, via reference (a), directed the implementation of an Enterprise-Wide Privileging (EWP) process throughout the Military Health System (MHS) effective 15 October 2025.

a. Department of War will have a universal MHS-wide privileging system. Under this system, granted privileges will be portable across all health care facilities and operational environments throughout the MHS.

b. Current privileges are recognized as MHS privileges.

c. Current privileging authorities are recognized as MHS privileging authorities.

2. Scope and Applicability. This notice applies to all military (active duty and Reserve) and civil service health care practitioners and clinical support staff, including those assigned, employed, contracted, or under resource sharing agreements and clinical support agreements with Department of the Navy (DON) activities or who are enrolled in a Navy-sponsored training programs.

3. Background. The MHS EWP process provides for seamless movement of privileged staff between clinical locations. It provides for rapid transition from operational platforms into the Defense Health Agency medical treatment facilities and vice versa. At the same time, it ensures that appropriate oversight and credentialing are maintained for privileged clinicians across the enterprise to ensure high quality clinical outcomes for Service members and beneficiaries. Credentialing and privileging (C&P) are the foundation for high quality care by ensuring qualified and competent staff deliver care that is consistent with their education, training, and scope of services approved by the privileging authority.

4. Action. Effective immediately, applicable personnel and stakeholders must comply with the Navy Medicine EWP processes as detailed in enclosures (1) through (4).

5. Roles and Responsibilities. Responsibilities specific to Bureau of Medicine and Surgery (BUMED) execution of EWP for the Navy Reserve and Operational components:

a. Chief, BUMED is the corporate privileging authority for DON Operational and Reserve forces and establishes guidance and direction for the DON multi-institutional system to maintain an effective Credentials Review and Privileging Program.

b. The Director, Clinical Operations, Policy, and Standards (BUMED-N10) and Chief Medical Officer will:

(1) Provide administration and technical oversight of the Credentials Review and Privileging Program.

(2) Ensure privileging authorities when granting clinical privileges, confirm the clinician requesting clinical privileges possesses the required qualifying credentials and is currently competent to exercise the privileges granted.

(3) Ensure privileging authorities implement the Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) processes as appropriate when granting clinical privileges.

c. Privileging authorities serve as representatives of the governing body of BUMED and are ultimately responsible for the delivery of high-quality patient care delivered under their privileging authority. Privileging authorities will:

(1) Review and approve all incoming clinicians' privileging requests to practice at location prior to clinician being allowed to provide any clinical care.

(2) Issue local credentials review and privileging directives as appropriate.

(3) Provide a mechanism for medical or dental staff involvement in the C&P process.

(4) Establish mechanisms to ensure individual clinicians' function within the scope of clinical privileges granted.

(5) Ensure the clinical performance and professionalism of all assigned healthcare clinicians is measured, periodically assessed, and documented at intervals not to exceed 6 months.

(6) Investigate, without delay, allegations of misconduct, incompetence, or any other conduct which adversely affects, or could adversely affect, the health or welfare of a patient or staff member.

d. Command Surgeons or Senior Medical Officers will:

(1) Review incoming clinicians' credentials including Performance Appraisal Reports (PAR) and competency documents to determine if clinician meets criteria required to practice at location.

(2) Brief all clinicians within their area of responsibility (AOR) on the C&P program.

(3) Ensure all departmental staff receive orientation and allow opportunities for continuing education.

(4) Continuously monitor and document the professional clinical performance, conduct, and health status of staff members to ensure they provide healthcare services consistent with clinical privileges and responsibilities.

(5) Monitor quality management and medical staff activities for clinicians assigned to their AOR and complete PARs for those clinicians. Ensure FPPEs are implemented and completed appropriately for new clinicians upon checking into the command and as otherwise required.

e. Licensed Independent Providers. All military (Active and Reserve Component) and civilian physicians, dentists, allied health providers, and advanced practice nurses who hold independent clinical privileges are eligible for appointment to the organized medical staff. All members of the medical staff will:

(1) Request the broadest scope of clinical privileges commensurate with their professional qualifications.

(2) Comply with local policy that limits a privileged provider's scope of utilization to that which can be safely supported by the location.

(3) Alert clinical leadership of any areas where the clinician's self-assessed level of competence limits safe independent practice and comply with corrective actions as outlined in an FPPE or plan of supervision.

(4) Comply with applicable professional staff policies, procedures, and bylaws.

(5) Ensure the accuracy and currency of all credentials and privileging information reflected in their credentials record (i.e., licensure status, board certification, and privilege status at other facilities).

(6) Perform healthcare services within the scope of either the privileges granted by the privileging authority or a written plan of supervision.

f. Medical Staff Professionals will:

(1) Manage the command's Credentials Review and Privileging Program.

(2) Advise the privileging authority and command leadership on credentials review and privileging matters. As the subject matter experts on C&P issues, render administrative assistance to the Medical Executive Committee (MEC) or Credentials Review Committee, as applicable.

(3) Verify credentials information, process privileging and staff appointment applications, and monitor and track licensure, certification, and registration status for all licensed independent providers, clinical support staff nurses (registered nurses, licensed vocational nurses, licensed professional nurses, registered dental hygienists, and certified athletic trainers).

(4) Verify clinicians' identification as they report to the command by viewing a current picture identification card, or a valid picture identification issued by a state or Federal agency such as a driver's license or passport.

6. MHS EWP. Privileging applications are still required and must be completed when a clinician seeks initial privileges upon entry to the MHS or graduation from a training program or when a clinician's privileges are expiring and due for routine renewal.

a. Granting initial MHS privileges remains unchanged from previous processes.

b. Renewal of MHS privileges:

(1) The custodial privileging authority will initiate privileging renewal no later than 90 days prior to expiration, except in the situation where an individual will terminate all association with the MHS prior to privilege expiration.

(2) If the clinician's current privileges are due to expire within 90 days after arrival at the gaining location, the losing facility will conduct a pending permanent change of station transfer of the record in Centralized Credentials Quality Assurance System (CCQAS) to initiate an application at the gaining location. Every effort will be made to have the clinician's privileges and a DHA Form 456 Military Health System Privileging Authority Authorization to Clinically Practice and Provider Attestation in place prior to their arrival at gaining facility. If the clinician's current privileges are due to expire within the 90 days prior to permanent departure, the losing facility will complete the application process prior to the clinician's departure to prevent any lapse in privileges. These processes will only be used in cases in which the clinician's current privileges are due to expire within 90 days of departure from their current location.

c. Implementation of permanent and temporary MHS privileges transfers are detailed in enclosure (1).

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

8. Information Management Control. Reports required in paragraph 5 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

D. K. VIA

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/

DETAILED ENTERPRISE-WIDE PRIVILEGING TRANSFER PROCESS

1. Standard Operating Procedures for Permanent Transfer of Clinicians with Existing MHS Privileges. This section outlines the procedures for the permanent transfer of clinicians with active MHS privileges, ensuring continuity of care and compliance with credentialing requirements.

a. Clinician Responsibilities. Upon receipt of transfer orders, the clinician is responsible for immediately notifying (within 1 calendar day) the current privileging authority via the medical staff professional (MSP), medical staff manager office, or senior leadership (custodial location) of their permanent change in assignment by e-mail. This notification must include:

(1) Estimated Detachment Date

(2) Name of New MHS Platform

(3) Unit Identification Code (UIC)

(4) The transferring clinician is also responsible for identifying any concerns or needs for changes to their clinical practice noting that operational facilities do not support privileges under supervision.

b. Current MSP Office Responsibilities. Upon receiving the clinician's transfer notification, the MSP office will immediately review (within 24 hours) the clinician's electronic credentials record to ensure its accuracy and completeness. This review includes, but is not limited to:

(1) Education and Training. Verify all required education and training, including assignment specific contingency training (e.g., basic life support, advanced cardiac life support, advanced trauma life support) are up-to-date, and appropriately primary source verified (PSV).

(a) Ensure currency is reflected in the credentials record, regardless of "hide-history" setting.

(b) Document any training requirements specific to the gaining facility or the type of duty assigned (e.g., specific equipment training or renewal of contingency training).

(2) Licensure. Confirm the clinician holds at least one active, unrestricted license (as applicable per occupation classification). All other held licenses must be appropriately documented. Verify all licenses were appropriately PSV either at time of renewal or expiration if allowed to expire. PSV does not need to be repeated unless privileges are renewed prior to transfer.

(3) Privileges. Review clinician's existing privileges.

(a) If clinician's current privileges are due to expire within 90 days prior to departure, the losing facility will initiate privileging renewal no later than 90 days prior to expiration.

(b) If the clinician's current privileges are due to expire within 90 days after arrival at the gaining location, the losing facility will conduct a pending permanent change of station transfer of the record in CCQAS to initiate an application at the gaining location. Every effort will be made to have the clinician's privileges and DHA Form 456 in place prior to their arrival at gaining facility. If the clinician's current privileges are due to expire within the 90 days prior to permanent departure, the losing facility will complete the application process prior to the clinician's departure to prevent any lapse in privileges. These processes will only be used in cases in which the clinician's current privileges are due to expire within 90 days of departure from their current location.

(4) Specialty Information. Verify the accuracy of the clinician's specialty information in the credentials record.

(5) Clinical Competence. Document evidence of the clinician's current clinical competence, as demonstrated by practitioner-specific data and information generated by organizational quality management activities.

(a) Upload a copy of the most recent FPPE and OPPE to the document section of CCQAS (or designated system).

(b) Complete the current Performance Assessment Review (PAR) prior to the transfer date.

(6) Consult with the Command's MEC. MEC will provide the clinician's current status and specifically comment on:

(a) Provider Wellness Program. MEC will consult with the command's wellness program coordinator to determine the clinician's enrollment status. If enrolled, the coordinator and privileging authority must provide documentation of the member's status and determine if they meet the criteria for transfer according to BUMEDINST 6010.31A. Document any recommendations or restrictions from the wellness program.

(b) Clinical Adverse Actions. MEC will consult with the health law attorney or appropriate coordinator to determine if the clinician is currently subject to any pending adverse actions, investigations, or restrictions.

(7) Credentials Record Transfer:

(a) After validating the currency of the electronic credentials record, the MSP collaborates with the gaining facility's C&P office to ensure a seamless transfer of the credentials file, including forwarding the current PAR and competency data (no earlier than 60 days).

(b) Once a transfer date has been reached, the transferring (custodial) C&P office will end their assignment and transfer custody of the electronic credentials record to the gaining facility upon departure of the transferring clinician. Losing facility ending of assignment cannot occur prior to offline privileges being added to the gaining facility or provider departure from the losing facility.

c. Gaining MSP Office Processing. This section details the steps the gaining location's C&P office takes upon receiving notification of a clinician's permanent transfer.

(1) Upon receipt of notification (including the PAR and competency data) from the sending privileging or custodial C&P office, the gaining location must acknowledge receipt via e-mail back to the transferring location.

(2) Credentials Record Search. The gaining location C&P office searches for the incoming clinician's electronic credentials record within CCQAS.

(a) Search Parameters. Enter the transferring clinician's last and first name and ensure the listed search parameters are selected:

1. Assignment Status. All

2. Application Type. All

3. Provider Credentials Status. Both

4. Search Type. Provider Locator

5. Primary Facility (UIC). Must match the sending, privileging, or custodial location's UIC. Click "Search."

(3) Assignment Creation. Upon locating the electronic record, the gaining location navigates to "Work History", clicks on "Assignments", and clicks the "Add Assignment" tab at the bottom of the "Assignment" screen. This creates a new assignment for the transferring clinician at the gaining location's UIC and allows gaining location to access clinicians CCQAS record.

(4) National Practitioner Data Bank Query. The gaining location C&P office will check to see if clinician is enrolled in National Practitioner Data Bank Continuous Query or if a single-query report was initiated.

(5) Credentials Review and Routing. Upon receipt of the PAR and competency data, the C&P office reviews the clinician's credentials record to ensure all information is up-to-date and accurate. The C&P office then routes this information, along with the PAR and competency data, to the identified senior clinical leader who reports to the privileging authority and holds similar privileges in the clinical setting.

d. Gaining Command Senior Clinical Leader Review and DHA Form 456. The senior clinical leader:

(1) Reviews the clinician’s credentials and competency data and communicates directly with the incoming clinician to determine the scope of utilization for the clinician at the gaining location. This review is based on the clinician’s demonstrated currency and competencies, as well as what privileges are supported by the transfer facility. Operational facilities do not support privileges under supervision.

(2) Initiates a DHA Form 456 (including previous privileges, new location-specific privileges, and copy of gaining location bylaws).

(3) Creates an FPPE plan. This may consist of a routine, brief period of retrospective chart review for new gains to the operational facility or may outline any changes needed to align the clinician's practice with the gaining location's standards.

(4) The DHA Form 456 documentation and FPPE plan are forwarded via e-mail to the gaining privileging authority for review and signature.

e. Gaining Privileging Authority Review and Authorization to Practice

(1) The gaining privileging authority signs DHA Form 456, accepting all clinical quality management responsibilities for the privileged clinician's clinical practice within their AOR.

(2) The signed DHA Form 456 is forwarded to the C&P office.

f. Gaining C&P Office

(1) The gaining C&P office receives the signed DHA Form 456 and all applicable documents (including the new master privilege list coverage).

(2) The C&P office then forwards a copy of these documents to the clinician, authorizing them to practice within the facility or platform.

(3) The C&P office creates an offline privilege appointment within CCQAS.

g. Clinician Acknowledgement

(1) Clinician reviews the signed DHA Form 456 and all applicable documents.

(2) Clinician signs DHA Form 456 and returns to C&P office.

h. Gaining C&P Office

(1) The C&P office uploads the signed DHA Form 456 and all applicable documents into the clinician's credentials record.

(2) Notify all relevant departments of the clinician's authorized privileges.

2. Standard Operating Procedures for Temporary Assignment of Clinician with Existing MHS Privileges. This section outlines the procedures for the temporary assignment of clinicians with existing MHS privileges to ensure continuity of care, maintain credentialing standards, and address potential risk management concerns.

a. Clinician Notification. Upon receipt of official temporary duty orders or of a requirement for an Interfacility Credentials Transfer Brief (ICTB), the clinician is responsible for notifying their current privileging authority (custodial location) within 1 business day via e-mail. The notification must include the listed information:

(1) Dates of Duty. Start and end dates of the temporary assignment as applicable.

(2) Type of Duty. (e.g., deployment, humanitarian assistance, temporary coverage).

(3) Name of MHS Platform. (e.g., [hospital name], [clinic name], DHA region).

(4) UIC. For the gaining facility.

(5) Contact Information. Phone number and e-mail address the clinician will be using at the temporary facility.

(6) Resuscitative and Emergency Procedure Training. Coordinate with the gaining facility's education or training department (or designated resuscitation training coordinator) to identify any required training in resuscitative procedures, emergency response protocols, prior to reporting for duty.

b. Current MSP Office (Custodial Facility) Processing. Upon receiving the clinician's transfer notification, the MSP office will immediately (within 1 business day) acknowledge receipt of the notification. The MSP office will complete the listed actions to ensure the accuracy and completeness of the clinician's electronic credentials record:

(1) Education and Training. Verify all required education and training, including assignment specific contingency training (e.g., basic life support, advanced cardiac life support, advanced trauma life support), are up-to-date, and appropriately PSV, and will not expire during temporary assignment.

(a) Ensure currency is reflected in the credentials record, regardless of "hide-history" setting.

(b) Document any training requirements specific to the gaining facility or the type of duty assigned (e.g., specific equipment training or renewal of contingency training).

(2) Licensure. Confirm the clinician holds at least one active, unrestricted license (as applicable per occupation classification). All other held licenses must be appropriately documented. Verify all licenses were appropriately PSV either at time of renewal or expiration if allowed to expire. PSV does not need to be repeated unless privileges are being renewed prior to transfer.

(3) Privileges. Review existing privileges. Ensure the privileges align with the scope of practice required at the gaining facility. If privileges are due to expire within 90 days, the custodial privileging authority must initiate and complete a new privilege application before the temporary assignment begins.

(4) Specialty Information. Verify the accuracy of the clinician's specialty information in the credentials record.

(5) FPPE and OPPE. Upload a copy of the most recent FPPE and OPPE to the document section of CCQAS (or designated system). Include dates of the evaluation periods.

(6) Clinical Competence. Document evidence of the clinician's current clinical competence, as demonstrated by practitioner-specific data and information generated by organizational quality management activities. Include any competency assessments specific to the type of duty to be performed.

(7) PAR. Complete a current PAR prior to the transfer date. The PAR should specifically address the clinician's performance in areas relevant to the temporary assignment.

(8) Consult with the MEC. MEC will provide the clinician’s current status and specifically comment on the listed areas:

(a) Provider Wellness Program. MEC will consult with the command's wellness program coordinator to determine the clinician's enrollment status. If enrolled, the coordinator and privileging authority must provide documentation of the member's status and determine if they meet the criteria for transfer according to BUMEDINST 6010.31A. Document any recommendations or restrictions from the wellness program.

(b) Clinical Adverse Actions. MEC will consult with the health law attorney or appropriate coordinator to determine if the clinician is currently subject to any pending adverse actions, investigations, or restrictions.

c. ICTB and Coordination. After validating the currency of the electronic credentials record, the MSP collaborates with the gaining facility's C&P office to ensure a seamless temporary transfer of the credentials record.

(1) The custodial MSP will initiate the electronic ICTB in the credentials record to the temporary duty location UIC with a suppressed application.

(2) The custodial MSP will contact the gaining facility's C&P office to confirm receipt of the ICTB and communicate any pertinent information regarding the clinician's credentialing file.

(3) The custodial MSP will forward the current PAR and competency data (no earlier than 30 days) prior to the transfer date, and at least 1 week prior if possible.

(4) Once initiated, the ICTB automatically records the temporary assignment in the credentials record and electronically notifies the gaining C&P office of the incoming clinician.

(5) Custodial MHS facility will retain primary custody of clinician's record for the temporary duty period (e.g., deployment, humanitarian).

d. Gaining (Temporary) MSP Office Processing. These steps are initially conducted offline and outside of the electronic credentials record but must be documented within the electronic credentials record upon completion.

(1) Upon receipt of the ICTB, PAR, and competency data from the custodial facility, the gaining facility C&P office will:

(a) Acknowledge receipt to the custodial facility C&P office within 1 business day.

(b) Review the clinician's credentials record data to ensure all information is up to date and accurate.

(c) Verify the requested privileges are within the scope of the facility's services and resources. Route the information to the appropriate senior clinical leader within 1 business day.

(d) Add a temporary assignment notation to the tracking system (e.g., spreadsheet) used to manage incoming and outgoing temporary clinicians.

e. Gaining (Temporary) Senior Clinical Leader Review and Authorization to Practice. The senior clinical leader (who reports to the privileging authority) and holds similar privileges in the clinical setting):

(1) Reviews the clinician's credentials and competency data and communicates directly with the incoming clinician to determine the scope of utilization for the clinician at the gaining location, based on the clinician's demonstrated currency and competencies, as well as what privileges are supported by the operational facility. Operational facilities do not support privileges under supervision.

(2) Initiates a DHA Form 456 (including previous privileges, new location-specific privileges, and copy of gaining location bylaws).

(3) Creates an FPPE plan. This may consist of a routine, brief period of retrospective chart review for new gains to the operational facility or may outline any changes needed to align the clinician's practice to the gaining location's standards.

(4) The DHA Form 456 documentation and FPPE plan are forwarded via e-mail to the gaining privileging authority for review and signature.

f. Gaining (Temporary) Privileging Authority Review and Authorization to Practice

(1) The gaining privileging authority signs the DHA Form 456, accepting all clinical quality management responsibilities for the privileged clinician's clinical practice within their AOR.

(2) The signed DHA Form 456 is forwarded to the C&P office.

g. Temporary C&P Office

(1) The gaining C&P office receives the signed DHA Form 456 and all applicable documents (including the new master privilege list coverage).

(2) The C&P office then forwards a copy of these documents to the clinician, authorizing them to practice within the facility or platform.

(3) The C&P office creates an offline privilege appointment within CCQAS.

h. Clinician Acknowledgement

(1) Clinician reviews signed DHA Form 456 and all applicable documents.

(2) Clinician signs DHA Form 456 and returns to C&P office.

i. Temporary C&P Office

(1) The C&P office uploads the signed DHA Form 456 and all applicable documents into the clinician's credentials record.

(2) Notify all relevant departments of the clinician's authorized privileges.

3. Completion of Temporary Assignment. Upon completion of the temporary assignment, the senior clinical leader will complete the FPPE, documenting the clinician's performance against the objectives outlined in the FPPE plan. This completed FPPE will be forwarded to the C&P office.

a. The C&P office will forward the completed FPPE to the custodial location C&P office to be added to the clinician's credentials record.

b. The clinician returns to their custodial location.

4. PAR. If temporary assignment is 4 days or longer, a PAR must be completed and forwarded to the permanent location C&P office.

5. OPPE. If the temporary assignment exceeds 6 months, an OPPE must be completed by the senior clinical leader and forwarded to the permanent location C&P office, in addition to the FPPE conducted at the end of the assignment.

6. Follow-Up Resources

a. DHA Forms listed in subparagraphs 6a(1) through 6a(3) are available at https://militaryhealth.sharepoint-mil.us/sites/DADMA-CSD-CQM-CP/SitePages/MHS-Enterprise-Wide-Privileging-Hub.aspx. This link will also allow you to register for DHA training as well as listen to previously recorded DHA training.

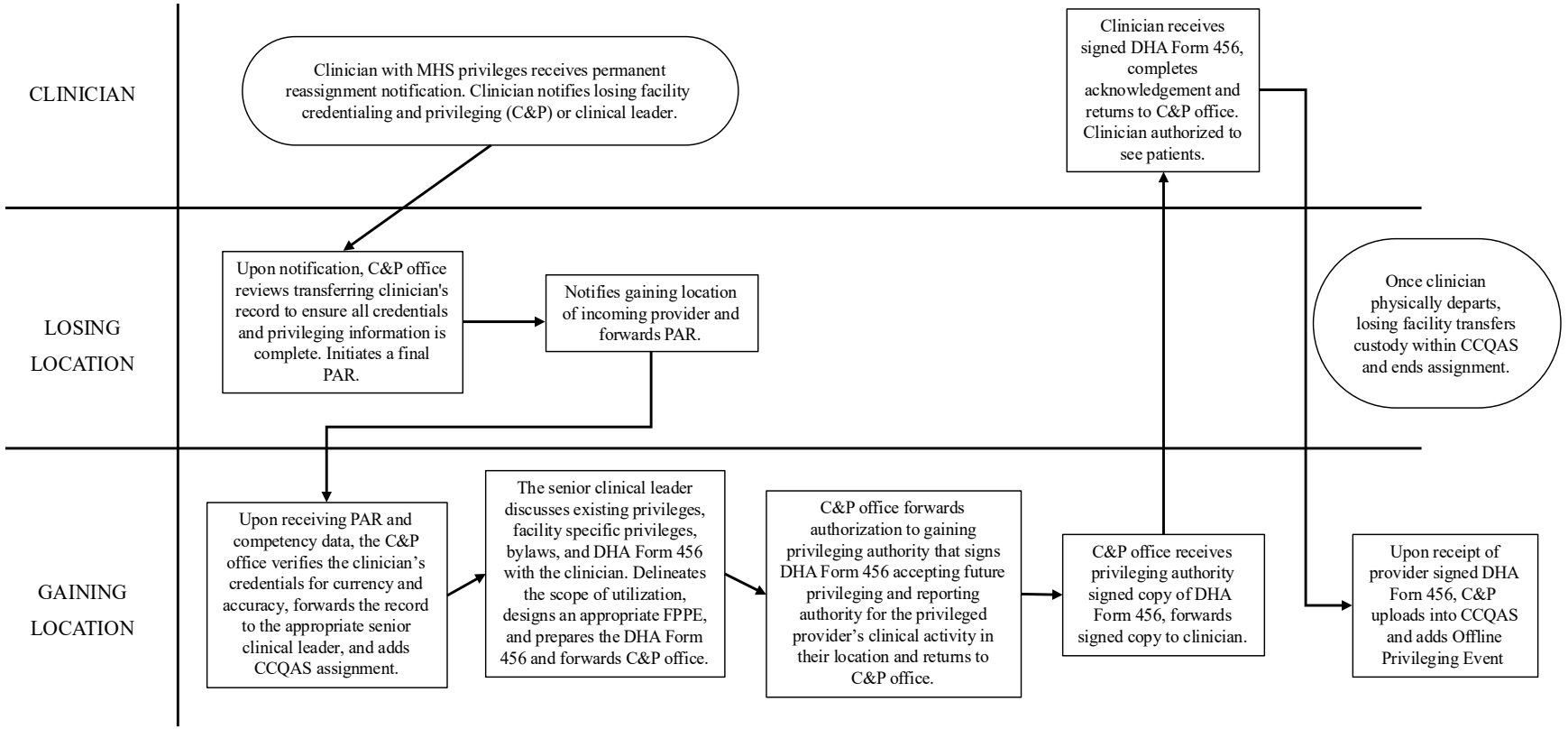
(1) DHA Form 455 Performance Assessment

(2) DHA Form 456 Military Health System Privileging Authority Authorization to Clinically Practice and Provider Attestation Template

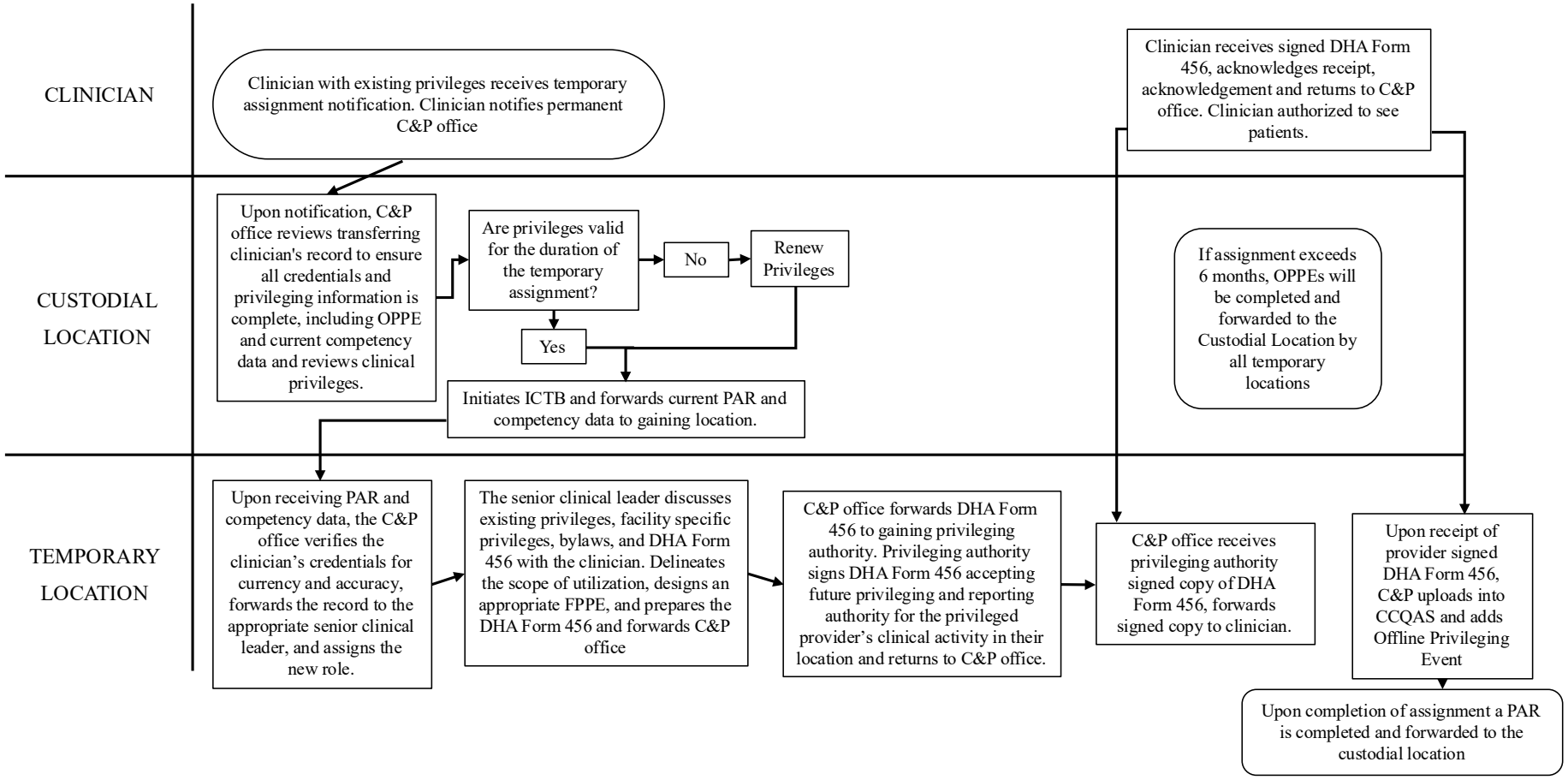
(3) DHA Initial FPPE Template

b. For questions or concerns, please contact the distribution e-mail, usn.ncr.bumedfchva.list.credentialing-and-privileging@health.mil.

ENTERPRISE-WIDE PRIVILEGING PROCESS FLOW CHART



ENTERPRISE-WIDE PRIVILEGING PROCESS FLOW CHART



NAVY ENTERPRISE-WIDE PRIVILEGING BUSINESS RULES:

1. All eligible clinical support staff and privileged clinicians providing patient care within DON operational clinics must have an electronic credentials record.

2. All actively practicing clinical support staff and privileged clinicians will have at least one active credentials assignment that maintains their credentials record and is referred to as the custodial location in this document.

3. Credentials records for healthcare clinicians in an administrative role who are not providing patient care will be maintained in an administrative UIC during the assignment.

4. Credentials records for healthcare clinicians in an administrative role who are requesting privilege to maintain clinical competency will request privileges from a local MHS privileging authority during their administrative assignment.

5. All clinicians participating in an authorized graduate medical education (equivalent) program must have a credentials record managed by the respective program manager.

6. All eligible privileged clinicians must be privileged by an authorized MHS privileging authority.

7. All privileged clinicians with current privileges will convert to enterprise-wide privileges.

8. Custodial UIC "owns" the credentials record (clinical support staff and privileged clinicians) during the duty assignment.

9. Guard or Reserve Component healthcare clinicians provide essential warfighting capabilities and, therefore, credentials records remain with the Military Departments.

10. Privileged clinicians cannot be granted privileges they did not request.

11. Privileged clinicians can only exercise those privileges that are supported at the location they are currently assigned. Privileges can be different at different locations.

12. Every privileged clinician and clinical support staff assignment must be tracked and accounted for (this includes custodial, shared, temporary and concurrent assignments).

13. A separate process will be identified for non-privileged clinicians and other healthcare practitioners.

14. No privileged healthcare clinicians may begin practicing until they have signed DHA Form 456.

15. Gaining location privileging authorities must read, sign, and agree to accept the CQM responsibilities for all privileged clinicians before allowing them to practice in their AOR.

16. All privileged clinicians must either be enrolled in National Practitioner Databank (NPDB) continuous query or have a onetime query result on file.

ACRONYMS AND GLOSSARY

1. Acronyms

   a. AOR. Area of Responsibility

   b. BUMED. Bureau of Medicine and Surgery

   c. CCQAS. Centralized Credentialing Quality Assurance System

   d. C&P. Credentialing and Privileging

   e. DHA. Defense Health Agency

   f. DON. Department of the Navy

   g. FPPE. Focused Professional Practice Evaluation

   h. ICTB. Interfacility Credentials Transfer Brief

   i. MHS. Military Health System

   j. MSP. Medical Staff Professional

   k. NPDB. National Practitioner Databank

   l. OPPE. Ongoing Professional Practice Evaluation

   m. PAR. Performance Assessment Report

   n. PSV. Primary Source Verified

   o. UIC. Unit Identification Code

2. Glossary

   a. DHA Form 456. Automated document, initiated by the gaining privileging authority to the privileged practitioner to review and sign, acknowledging that they are in good standing, will exercise existing privileges within gaining facility's capabilities, and that gaining privileging authority has authority to act related to any clinical quality management actions with their current privileges which will be reviewed by the gaining entity. The document is signed by the

gaining privileging authority as accepting the risk of assuming clinical quality management of the practitioner and includes location specific privileges from both losing and gaining locations and the gaining location bylaws.

b. Continuous Query. NPDB continuous query is a service from the NPDB that allows healthcare organizations to receive real-time notifications when a new report is filed on a practitioner they have enrolled, eliminating the need for manual one-time queries and helping to maintain compliance with Federal and accreditation requirements.

c. Credentials Record. Clinician's electronic credentials record that documents all assignments (permanent and temporary), all current and historic credentials to include all PSV education, training, competency, etc.

d. Credentials Transfer Brief in CCQAS (known as ICTB). Document that provides all the relevant credentials and privileges information between organizations without having to complete a privileging action.

e. MHS Privileging Authority. Director, DHA or Military Department Surgeon Generals are delegated privileging authorities. Current DHA and Service privileging authorities continue without change or interruption and will maintain responsibility for the oversight of quality care delivery within their AOR.

f. Report Authority. The official with the responsibility to report to the NPDB, state(s) of licensure, and other applicable certifying or regulatory agencies following appropriate due process proceedings. The report authority is either: the Director, DHA with respect to matters arising from acts or omissions of health care providers practicing under the responsibility of DHA; or the Surgeon Generals of the Army, Navy, or Air Forces, respectively, with respect to matters arising from acts or omissions of health care providers practicing under the responsibility of the Departments of the Army, Navy, or Air Force, respectively.

g. Senior Clinical Leader. A clinician at a location or setting who understands the limitations of the setting and determines the scope of authorized utilization of an incoming clinician and generates the attestation statement in collaboration with the privileging authority and the clinician. Setting clinical leader positions will vary by location (i.e. chief of a clinic where the clinician will work, chief medical officer, medical treatment facility director or commander, battalion surgeon, etc.).

h. Sharing. Where a clinician has assignments at two or more locations where they work (does not equate to the shared process in CCQAS). Clinicians can mobilize without having to take any privileging action.