



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

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THE NEW POINT OF CONTACT IS LIEUTENANT COLONEL WILLIAMSON, (703) 695-6800.

Attachments:

1. [Instructions for Inter-facility Credentials Transfer and Privileging](#)
2. [Sample Credentials and Privileging Transfer Brief](#)

cc:

Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force

**HA POLICY 94-004**

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**INSTRUCTIONS FOR INTER-FACILITY CREDENTIALS  
TRANSFER AND PRIVILEGING**

**1. REFERENCES:**

- a. DoD Directive 6025.6, "Licensure of DoD Health Care Personnel," June 6, 1988

b. DoD Directive 6025.11, "DoD Health Care Provider Credentials Review and Clinical Privileging," May 20, 1988

c. DoD Instruction 6025.15, "Implementation of Department of Defense Participation in the National Practitioner Data Bank (NPDB)", November 9, 1992

d. **Accreditation Manual for Hospitals**, Joint Commission on Accreditation of Healthcare Organizations, current edition

## 2. SCOPE:

Applies to:

a. The Office of the Assistant Secretary of Defense, the Military Departments, and the Unified Combatant Commands.

b. Uniformed and civil service HCPs in the DoD when temporarily assigned for clinical practice in DoD Medical Treatment Facilities (MTF) or Dental Treatment Facilities (DTF).

## 3. DEFINITIONS:

a. **Healthcare Provider (HCP)**. Military (Active or Reserve component) and civilian personnel granted privileges to diagnose, initiate, alter, or terminate health care treatment regimens. This category includes physicians, dentists, nurse practitioners, nurse anesthetists, nurse midwives, podiatrists, optometrists, clinical dietitians, clinical pharmacists, clinical social workers, clinical psychologists, physical therapists, occupational therapists, audiologists, speech pathologists, and physician assistants.

b. **Privileges (Clinical)**. Permission to provide medical and other patient care services in the granting institution, within defined limits, based on the organization's capability and the individual's education, professional license, experience, competence, ability, health, and judgment.

c. **Credentials**. The documents that constitute evidence of appropriate education, training, licensure, experience, and expertise of a health care provider with respect to clinical privileges requested.

d. **Credential file (CF)**. The repository for documents related to the healthcare provider's training, education, experience, and current competence.

e. **Verification**. Confirmation of authenticity obtained from the primary source by the (DoD) MTF or DTF, a previous MTF/DTF, or a representative of the Military Service.

f. **Temporary Assignment**: Temporary assignment for clinical practice refers to all clinical assignments other than permanent change of station.

## 4. POLICY:

a. When HCPs are assigned temporarily for clinical practice in a MTF/DTF, the sending MTF/DTF must convey **all relevant credentials and privileging information** to the gaining MTF/DTF. The receiving commander uses this information as a basis for assessing current clinical competence and making appropriate appointment and privileging decisions upon arrival at the gaining MTF/DTF. The Department of Defense shall use the Credentials Transfer Brief as the preferred mechanism to carry out this credentials transfer whenever its use can reasonably assure the accurate transfer of credentials and privileging information. The privileging institution retains full responsibility and authority for making privileging decisions.

b. The Transfer Brief is joined with the formal application for privileges and supplants sections of applicable Military Service forms containing essentially like information. The Transfer Brief serves in the place of the documents normally kept in the CF when making privileging decisions on temporarily assigned HCPs.

c. After customary departmental review and recommendation, and consideration of the gaining facility's capability, MTF/DTF commanders may grant privileges based on the approved privilege list from the sending MTF/DTF by approving it with or without modifications. **Note: The gaining facility's medical staff credentials function must ensure that all relevant information is considered, taking care to investigate additional information mentioned in paragraphs 7, 9 and 10 on the Credentials Transfer Brief.** The gaining facility may use its own customary forms or formats for notifying practitioners of their clinical appointments and documenting same. Privileges applied for but not granted due to facility based limitations are not adverse privileging actions.

d. Credentialing Functions in DoD MTF/DTFs shall accept HCP performance appraisals on other Service's forms as their own.

e. The Transfer Brief shall become invalid on the expiration of the professional staff appointment on which it is based. If the practitioner is assigned temporarily for several brief periods to the same location, the Transfer Brief remains valid over the duration of the combined periods, providing the professional staff appointment at the sending MTF/DTF remains active. If other credentials have expired in the interim, telephonic or message confirmation of the renewal of the credential with the facility holding the CF will suffice, i.e., a new Transfer Brief is not required. A record of the telephone call or the message confirmation will be maintained in the practitioner file at the gaining facility. The sending facility must keep an accurate record of all MTFs/DTFs to which a Transfer Brief has been sent, to ensure updates on provider status are forwarded as required. The sending MTF/DTF will provide a new Transfer Brief whenever the status of the provider's privileges changes (e.g. change from provisional to defined privileges, renewal of privileges, adverse privileging actions, etc.).

## 5. PROCEDURES:

The required format for the Credentials Transfer Brief is:

a. Paragraph 1: Complete name, rank (or rating if civil service), corps, social security number, clinical specialty.

b. Paragraph 2: List qualifying degree, internship, residency, fellowship, and other qualifying training as appropriate. Include completion date of each and indicate presence/absence of primary source verification (PSV)

in the CF.

c. Paragraph 3: List all currently held state licenses, registrations and certifications; expiration date and PSV status of each.

d. Paragraph 4: List all applicable specialty/board certifications and recertifications; expiration date, and PSV status of each.

e. Paragraph 5: List all applicable life support training (BLS, ACLS, ATLS, PALS, NALS), and readiness training certification (when developed) and expiration date.

f. Paragraph 6: State the type of appointment (provisional/defined (full)) currently held by the HCP, and the expiration date. List privileges granted or summarize privileges and attach current privilege list(s). (See paragraph 5.i. below for guidance on Reserve or Guard units where appointments and privileges do not fully reflect the capability of the HCP.)

g. Paragraph 7: List date of most recent National Practitioner Date Bank query and indicate absence/presence of information in the report. If no query made, state so.

h. Paragraph 8: Provide a statement of the nature or purpose of the temporary assignment and request performance appraisals as appropriate. (Any of DA Form 5374, DA Form 5441 series, Navy Appendix O, or AF Form 22, or their equivalents, will be accepted by the sending facility.)

i. Paragraph 9: Provide a brief statement from an individual personally acquainted with the applicant's professional and clinical performance through observation or review to include quality assessment activities describing (1) the applicant's actual clinical performance with respect to the privileges granted at the sending facility, (2) the discharge of his/her professional obligations as a medical staff member, and (3) his/her ethical performance. This person may be a training program director for new practitioners, or a peer from a prior or the current command. The statement may be taken from a current performance evaluation in the provider's CF; however, the person making the statement must be asked whether or not additional relevant information exists pertaining to the elements above. **(Relevant information is defined as information that reflects on the current clinical competence of the provider.) The paragraph must contain a statement indicating the presence/absence of other relevant information in the recommendation relating to the provider's competence for privileges as granted along with a means of direct contact with the person making the recommendation (name, title or position held, telephone, fax, etc.).**

j. Paragraph 10. Provide certification that the CF was reviewed and is accurately reflected in the Brief as of (annotate the date). **This paragraph must contain a statement indicating the presence/absence of other relevant information in the CF. Of particular import is supplemental information accompanying primary source verification of training and licensure. Examples of other relevant information include, but are not limited to: delays in or extensions in training due to marginal performance, unprofessional conduct during training or in previous practice settings, investigations conducted or limitations imposed by state licensing boards, adverse actions, malpractice, etc.**

k. Paragraph 11: Provide the name, title, phone number and FAX number of the designated point of contact at

the sending facility.

1. Paragraph(s) applicable to HCPs from Reserve or Guard components (as needed):

(1) Provide the current civilian position, place of employment or facility where privileges are held, and the clinical privileges held by the HCP.

(2) If the HCP is self-employed, provide the HCP's office location.

(3) If privileges are held at several facilities, provide the name and location of the place or places where the majority of the practitioner's practice is conducted, and a list of the clinical privileges held which are applicable to the assignment prompting the use of the Transfer Brief.

(4) Additionally, include the address, business phone, and home telephone number where the practitioner can be reached prior to reporting for the assignment and the name of the MTF/DTF and dates of the last tour of clinical duty.

m. Certifying signature by MTF/DTF commander and date.

(Use Sample Credentials Transfer Brief ([Attachment 2](#)) as a guide when preparing Transfer Briefs.)

\*\*\*\*\* SAMPLE \*\*\*\*\*  
\*\*\*\*\* CREDENTIALS TRANSFER BRIEF \*\*\*\*\*

FROM: (Sending Facility/Unit, Location)

SUBJECT: Credentials and Privileging Transfer Brief

TO: (Gaining Facility, Location)

1. COMPLETE NAME, RANK, CORPS, SSAN, CLINICAL SPECIALTY

2. EDUCATION/TRAINING: COMPLETION DATE PSV\*

A. DEGREE: Y/N

B. INTERNSHIP Y/N

C. RESIDENCY Y/N

D. FELLOWSHIP Y/N

E. OTHER QUALIFYING TRAINING Y/N

3. LICENSE/CERTIFICATION/REGISTRATION (CURRENT)/EXPIR DATE PSV\*

A. Y/N

B. Y/N

- |                                |                 |             |
|--------------------------------|-----------------|-------------|
| 4. SPECIALTY/BOARD CERT/RECERT | EXPIRATION DATE | PSV*<br>Y/N |
|--------------------------------|-----------------|-------------|
- A.  
\*Primary Source Verification
- |                                    |                 |  |
|------------------------------------|-----------------|--|
| 5. LIFE SUPPORT/READINESS TRAINING | EXPIRATION DATE |  |
|------------------------------------|-----------------|--|
- A. BLS  
B. ACLS  
C. ATLS  
D. PALS  
E. NALS
6. CURRENT STAFF APPOINTMENT WITH CLINICAL PRIVILEGES AT SENDING FACILITY
- A. TYPE OF PRIVILEGES AND EXPIRATION DATE  
B. PRIVILEGES GRANTED (PRIVILEGE LIST ATTACHED)
7. DATE OF NATIONAL PRACTITIONER DATA BANK QUERY:  
INFORMATION PRESENT/ABSENT IN DATA BANK
8. (PROVIDER'S NAME) WILL BE PRACTICING AT YOUR FACILITY ON AN ONGOING BASIS. PLEASE FORWARD A PERFORMANCE APPRAISAL TO THIS COMMAND UPON COMPLETION OF THIS ASSIGNMENT OR BEFORE (date) , WHICHEVER COMES FIRST.
9. (PROVIDER'S NAME) IS KNOWN TO BE CLINICALLY COMPETENT TO PRACTICE THE FULL SCOPE OF PRIVILEGES GRANTED AT (SENDING FACILITY), TO SATISFACTORILY DISCHARGE HIS/HER PROFESSIONAL OBLIGATIONS, AND TO CONDUCT HIMSELF/HERSELF ETHICALLY, AS ATTESTED TO BY (NAME AND TELEPHONE NUMBER OF PERSON PERSONALLY ACQUAINTED WITH THE PROVIDER'S PROFESSIONAL AND CLINICAL PERFORMANCE). (NAME OF PERSON GIVING RECOMMENDATION) HAS/DOES NOT HAVE ADDITIONAL INFORMATION RELATING TO (PROVIDER'S NAME) COMPETENCE TO PERFORM GRANTED PRIVILEGES. [When additional information exists, the gaining facility must be instructed to communicate with the point of contact for the purpose of exchanging the additional information.]
10. PROVIDER'S CF AND THE DOCUMENTS CONTAINED THEREIN HAVE BEEN REVIEWED AND VERIFIED AS INDICATED ABOVE. THE INFORMATION CONVEYED IN THIS LETTER/MESSAGE REFLECTS CREDENTIALS STATUS AS OF (date) . [Choose from the following sentence formats, or variations thereof, to describe the presence/absence of additional relevant information in the CF: (a) THE CF CONTAINS NO ADDITIONAL INFORMATION RELEVANT TO THE PRIVILEGING OF THE PROVIDER IN YOUR MTF, (b) **THE CF CONTAINS ADDITIONAL RELEVANT INFORMATION REGARDING STATUS OF CURRENT LICENSE,** (c) **THE CF CONTAINS ADDITIONAL RELEVANT INFORMATION THAT MAY REFLECT ON THE CURRENT COMPETENCE OF THE PROVIDER. CONTACT THIS COMMAND FOR FURTHER INFORMATION BEFORE TAKING APPOINTING AND PRIVILEGING ACTION.**]
11. POC: NAME, TITLE, PHONE NUMBER, FAX NUMBER
12. (FOR RESERVE OR GUARD HCPS) CURRENTLY HOLDS PRIVILEGES IN (SPECIALTY) AT (HOSPITAL NAME, ADDRESS). PROVIDER MAY BE REACHED AT (MAILING ADDRESS, HOME PHONE, OFFICE PHONE).
13. CERTIFIED BY: