Vanderbilt University Medical Center
Licensed Nurse Credentialing Checklist for Non-Employees

Name: _______________________________ Date of Submission ________________

Position/Role/Organization: __________________________________________________

Area(s) of intended practice at VUMC: ___________________________________________

Supporting Vanderbilt Administrator: ___________________________________________

By initialing below, I verify that the information submitted is correct and I have met the requirements to be considered for credentialing at VUMC.

_____ Scope of Practice Statement, approved and signed by the nurse, supervising physician and the entity (external and internal) representatives

_____ Evaluation of Clinical Competencies (documented initial competency and plan for annual assessment of competency)

_____ Memorandum of Understanding

_____ Background Check – specify – for month/year employment dates

_____ On-line Orientation/Complete the following:

_____ Proof of Immunization

_____ Confidentiality Agreement

_____ Safety Quiz

_____ CV or Resume

_____ RN License Verification

_____ Copy of CPR/NRP Certification

_____ Evidence of malpractice insurance coverage

Applicant Signature __________________________________________ Date ______________

VUMC Nursing Administrator Signature __________________________ Date ______________

__________________________________________ Date ______________

For Internal VUMC Use Only

Date Credentialed ___________________________ Date for Re-credentialing ______________

Date Notification Letter(s) _______ Sent to: __________________________________________

VUMC Signature __________________________________ Date ________________________

September 2013/LNCC

Page 1 of 1