

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 _____

For Internal VUMC Use Only

Date Credentialed _____ Date for Re-credentialing _____

Date Notification Letter(s) _____ Sent to: _____

VUMC Signature _____ Date _____

Vanderbilt Nursing

