

Medical Planning and Credentials Committee (MPCC)
Department Recommendation Form



This form is to be completed for non-routine applications that require in-depth consideration by MPCC.

Date:	
Provider Name:	
Department:	
Department Head:	
Division Head:	

Past Appointments:

Assignment Status	Category	Division	Department	Site	Start/End Date (mm/dd/yyyy)

Present Appointments:

Assignment Status	Category	Division	Department	Site	Start Date (mm/dd/yyyy)

Current Application for Consideration:

Category of Appointment:	
Site:	
Reason for In-Depth Consideration:	<input type="checkbox"/> Committee Consultation on Next Steps <input type="checkbox"/> Recommendation to Decline <input type="checkbox"/> Recommendation to Apply Conditions: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2
Interim Approval Granted by Medical Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Background/Considerations:

Recommendation:

Prepared by Credentialing Coordinator:		Date:	
Approved by Department Head:		Date:	

MPCC Motion:

<input type="checkbox"/>	Be it resolved that MPCC endorse for review by HAMAC the departmental recommendation not to approve.
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<input type="checkbox"/>	Be it resolved that MPCC endorse for review by HAMAC the departmental recommendation to approve the application with the following conditions:		
Conditions:			
Follow Up Instructions:		Date:	

<input type="checkbox"/>	Other Motion:
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MPCC Direction:

<input type="checkbox"/>	Grant interim approval, if not already granted
<input type="checkbox"/>	Interim approval requires HAMAC consideration

Condition Removal:

Date Condition Completed:	
Verified By:	
Notes:	