

**LAC+USC HEALTHCARE NETWORK
ROSTER OF PRACTITIONERS GRANTED DISASTER PRIVILEGES**

TODAY'S DATE:

Practitioner's Name & Specialty Physician, Dentist, Podiatrist (Sub)specialty 1. Last Name, First Name 2. Specialty / subspecialty	Practitioner's State License to practice 1. Practitioner's License# 2. Expiration Date 3. State Issued	Credentialing Criteria The presenting practitioner MUST provide a valid government issued photo identification and any one (1) of the following: 1. A current identification card from a health care organization that clearly identifies professional designation. 2. A current license to practice. 3. Primary source verification of licensure. 4. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VIP), or other recognized state or federal response organization or group. 5. Confirmation by a licensed independent practitioner currently privileged by the hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster. Circle below at least one (1) / all method(s) verified	Privileges Granted By <ul style="list-style-type: none"> • CEO • Medical Director or • his/her designee(s), • HICS Medical Care Director • OR in their absence, a physician member of the LAC+USC Healthcare Network Attending Staff Association 1. Name privileging agent (who granted privileges) 2. Date & Time granted.	Work Assignment Name of ASA member assigned to oversee performance of Volunteer LIP by: 1. direct observation 2. mentoring 3. medical record review (Complete one)
1. 2.	1. 2. 3.	Method of identification = 1 2 3 4 5 Name of verifying person: _____	1. 2.	1. 2. N/A
1. 2.	1. 2. 3.	Method of identification = 1 2 3 4 5 Name of verifying person: _____	1. 2.	1. 2. N/A
1. 2.	1. 2. 3.	Method of identification = 1 2 3 4 5 Name of verifying person: _____	1. 2.	1. 2. N/A
1. 2.	1. 2. 3.	Method of identification = 1 2 3 4 5 Name of verifying person: _____	1. 2.	1. 2. N/A
1. 2.	1. 2. 3.	Method of identification = 1 2 3 4 5 Name of verifying person: _____	1. 2.	1. 2. N/A

HICS Medical Staff Unit Leader: _____