

**LAC+USC MEDICAL CENTER
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 Medical Center 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)	Primary Source Documentation Verification of licensure, certificate, etc., with appropriate Issuing agency 1. Source of Documentation 2. Date and Time 3. Expiration of license, certificate, etc. 4. Document why primary Source not conducted within 72 hours.
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. 3. 4.
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. 3. 4.
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. 3.

**MC541.1
Attachment A**

					4.
1.	1.	Method of identification = 1 2 3 4 5	1.	1.	1.
2.	2. 3.	Name of verifying person: _____	2.	2. N/A	2. 3. 4.
1.	1.	Method of identification = 1 2 3 4 5	1.	1.	1.
2.	2. 3.	Name of verifying person: _____	2.	2. N/A	2. 3. 4.

HICS Medical Staff Unit Leader: _____ MCPol #541.1-A