INITIAL PSHP WORKSHEET

Credentialing for a Physician Sponsored Healthcare Professional (PSHP)

Submit completed forms and required documents to CHRISTUS Spohn HR Department.
All documentation must be submitted together for processing.

Name:	**Job Title:**
Point of Contact:	**Point of Contact Email address:**

PSHP Checklist *As you complete each task, initial and date the boxes below.*		**HR USE ONLY** Date Completed	Expiration Date
	Competencies (Includes Age Specific)		
	Job Description		
	Sponsorship Agreement		
	Confidentiality Agreement		
	Background Release (Complete profile)		
	Personal Data Form		
	Orientation documents (Review Pages 3 – 187) General Orientation Checklist (Submit Pages 1 & 2)		
Certifications			
	CPR (American Heart Association)		
	Professional License		
	Liability Insurance (100K,300K)		
	Flu		
	Immunizations (MMR, Varicela,T-dap, Hep B series)		
	TB / Survey (X-ray if applicable)		
	N-95 Respirator Fit Test		
	UDS Results (11-panel)		

Facility: (Circle) Alice Beeville Kleberg Corpus Christi

I certify that I have completed and attached all required forms and documents. I understand that only complete applications will be reviewed by HR and failure to submit a complete application will result in delays in processing.

Signed: **Date:**

Submit complete application to Email: **HR_SPN@CHRISTUSHEALTH.ORG** **Phone:** 361.881.6434 **Fax:** 361.881.6428	**Mail: CHRISTUS Spohn Employment Center** **716 Ayers Street** **Corpus Christi, TX 78404** **ATTN: PSHP HR**

FOR HR USE ONLY

	Eligible for Rehire (Meditech or ADP)	*If Applicable:*	
	Initiate Background check		MCI request for access
	Approval letter		System access form
	Badge # _____		
	Add to Echo		
	Scan documents to Medical Staff		
	Scan documents to Airvault		
	Processing Fee ($175)		