Trauma Service Provider
Professional Practice Evaluation
Credentialing Form

Provider: _____

Trauma Review Period (Year):_____

Trauma Response: (*30 minute response time required)

Trauma Code Activations during the review period:

# of activations:_____ # of timely responses:_____ _____%

Meeting Attendance: (*50% or more attendance required for Trauma Surgeons, Emergency Medicine Rep, Anesthesia Rep, Orthopaedic Surgeon Rep.)

_____% attendance (current review period) ☐ Meets ☐ Does not meet ☐ N/A

<u>Continuing Medical Education Requirements:</u> (9 hrs of trauma-related continuing medical education per year, 3 pediatric trauma specific per year)

CME Total:	2022	_____	2023	_____
Trauma related hrs	2022	_____	2023	_____
Pediatric related hrs	2022	_____	2023	_____

Comments: _____

Current ATLS: ☐ Yes ☐ No ☐ N/A Date:_____ ☐ Meets
☐ Does not meet

Requirements: ** ED physicians who are not board certified in Emergency Medicine must have current ATLS. If a physician is board-certified in Emergency Medicine, they must have taken ATLS at least once.

Board Certified or Board eligible: (*Required board certification/eligible OR meets Alternate Pathway criteria)

Board certification:	☐ Yes	☐ No	Date of Certification:	_____
Board eligible:	☐ Yes	☐ No		
Alternate Pathway:	☐ Yes	☐ No	☐ Meets	☐ Does not meet

Compliance with Trauma Performance Improvement

Review Period:_____ # of cases reviewed _____

Adverse Outcomes: ☐ Yes ☐ No Disciplinary Action: ☐ Yes ☐ No

Operative Cases:_____ Total Trauma Cases: _____

Reviewed by TMD:_____ Date:_____

Concerns/Comments:_____

_____

_____

_____

Recommendation(s):

☐ Continue without recommendations

☐ Continue with recommendations

PPE:_____

Complete_____number of trauma related CME hours

☐ Not recommended for Trauma Call Panel

_____ _____

Trauma Medical Director Provider

Date:_____ Date: _____