



MEMO TO:

FROM:

DATE:

SUBJECT: CREDENTIALING APPROVAL STATUS

This is to inform you that all requirements for credentialing have been met and approval status has been awarded as of the **(date of approval)**. You are expected to continue to provide services within the scope of your practice and training as constrained by the Department of Corrections and Office of Health Services policies and rules generally applicable to all situations. If applicable to your position, a current copy of your professional license, DEA certificate and CPR card is to be provided to your supervisor upon renewal for placement in your folder. Your next credentials review will occur before the end of **(end month of quarter 2 years in future)**.

A copy of this memo will be placed in your folder and one will be sent to your immediate supervisor.

Cc: credentialing folder
(supervisor's name)