

PRACTICE EXAM 10: CERTIFIED PROVIDER CREDENTIALING SPECIALIST SIMULATION (150 QUESTIONS)

This practice exam contains 150 multiple-choice questions covering credentialing and privileging, ongoing monitoring, and supporting departmental operations. Allow three hours. Select the single best answer for each question. The current official CPCS passing standard is a scaled score of 400; raw practice percentages do not convert directly to that scaled score.

1. A leadership rounding session at a multi-hospital system presents this case. A complaint names a practitioner but lacks supporting detail. What is the best initial response?

- A. Assume the allegation is proven
- B. Discard it because it is incomplete
- C. Post it in the general staff newsletter
- D. Document, triage, and seek information under the complaint process

2. A leadership rounding session at an ambulatory organization presents this case. Which monitoring design is most reliable?

- A. Occasional searches performed only when convenient
- B. Defined sources, review frequency, ownership, escalation, and documentation
- C. A process known only to one employee
- D. Review limited to favorable information

3. A leadership rounding session at a credentials verification organization presents this case. An expirable credential lapses while renewal verification is pending. What should staff do?

- A. Apply the organization's lapse and suspension policy promptly

- B. Backdate the verification when it arrives
- C. Allow practice because renewal is likely
- D. Remove the expiration date from the database

4. A leadership rounding session at an acute care hospital presents this case. Performance data suggest a possible competence concern. What is the credentialing specialist's role?

- A. Make an independent clinical diagnosis
- B. Route accurate information to the authorized review process
- C. Change the data to avoid conflict
- D. Promise the practitioner a particular outcome

5. A leadership rounding session at a multi-hospital system presents this case. Why should monitoring results be linked to the practitioner record?

- A. To make the record longer
- B. To replace committee minutes
- C. To avoid notifying authorized reviewers
- D. To preserve traceability and support later decisions

6. A leadership rounding session at an ambulatory organization presents this case. A practitioner has the same name as a person listed in an adverse database result. What should occur?

- A. Treat every same-name result as confirmed
- B. Ignore all database results with common names
- C. Use available identifiers to determine whether the result is a match
- D. Ask another applicant to decide

7. A leadership rounding session at a credentials verification organization presents this case. Which action best closes the loop after an adverse-information review?

- A. Rely on memory after the meeting
- B. Delete the original alert
- C. Notify people who have no authorized role
- D. Document the decision, required follow-up, owner, and completion

8. While assessing control effectiveness at a credentials verification organization, a professional license is approaching expiration. What is the best operational response?

- A. Obtain current authoritative verification before the credential expires
- B. Wait until the next full reappointment cycle
- C. Rely permanently on the original license copy
- D. Ask a coworker whether renewal probably occurred

9. While assessing control effectiveness at an acute care hospital, a new sanction alert appears between credentialing cycles. What should staff do first?

- A. Ignore it until reappointment
- B. Immediately delete all privileges without review
- C. Validate the information and route it under the escalation policy
- D. Discuss it broadly with unauthorized employees

10. While assessing control effectiveness at a multi-hospital system, what is the central purpose of ongoing professional practice evaluation?

- A. To replace all focused evaluation activities
- B. To use performance information in decisions about continuing privileges
- C. To establish the practitioner's salary
- D. To verify graduation directly with a school

11. While assessing control effectiveness at an ambulatory organization, a complaint names a practitioner but lacks supporting detail. What is the best initial response?

- A. Assume the allegation is proven
- B. Discard it because it is incomplete
- C. Post it in the general staff newsletter
- D. Document, triage, and seek information under the complaint process

12. While assessing control effectiveness at a credentials verification organization, which monitoring design is most reliable?

- A. Defined sources, review frequency, ownership, escalation, and documentation
- B. Occasional searches performed only when convenient
- C. A process known only to one employee
- D. Review limited to favorable information

13. While assessing control effectiveness at an acute care hospital, an expirable credential lapses while renewal verification is pending. What should staff do?

- A. Backdate the verification when it arrives
- B. Apply the organization's lapse and suspension policy promptly
- C. Allow practice because renewal is likely
- D. Remove the expiration date from the database

14. While assessing control effectiveness at a multi-hospital system, performance data suggest a possible competence concern. What is the credentialing specialist's role?

- A. Make an independent clinical diagnosis
- B. Change the data to avoid conflict
- C. Route accurate information to the authorized review process
- D. Promise the practitioner a particular outcome

15. While assessing control effectiveness at an ambulatory organization, why should monitoring results be linked to the practitioner record?

- A. To preserve traceability and support later decisions
- B. To make the record longer
- C. To replace committee minutes
- D. To avoid notifying authorized reviewers

16. While assessing control effectiveness at a credentials verification organization, a practitioner has the same name as a person listed in an adverse database result. What should occur?

- A. Treat every same-name result as confirmed
- B. Ignore all database results with common names
- C. Use available identifiers to determine whether the result is a match
- D. Ask another applicant to decide

17. While assessing control effectiveness at an acute care hospital, which action best closes the loop after an adverse-information review?

- A. Rely on memory after the meeting
- B. Document the decision, required follow-up, owner, and completion
- C. Delete the original alert
- D. Notify people who have no authorized role

18. A credentialing compliance conference at an acute care hospital discusses this scenario. During an internal file audit, what is the most useful sampling approach?

- A. Choose only the newest flawless files
- B. Let each practitioner select a file
- C. Exclude files with known problems
- D. Use defined criteria and document how files were selected

19. A credentialing compliance conference at a multi-hospital system discusses this scenario. What should an effective committee agenda provide?

- A. Only the meeting location
- B. Clear items, supporting materials, and identified actions
- C. Unrelated operational announcements
- D. Decisions completed before review

20. A credentialing compliance conference at an ambulatory organization discusses this scenario. A committee member has a conflict involving an applicant. What is the best administrative response?

- A. Omit the conflict from the record
- B. Allow the member to control the discussion
- C. Cancel all future committee meetings
- D. Follow the conflict-of-interest process and document recusal as required

21. A credentialing compliance conference at a credentials verification organization discusses this scenario. What is the best preparation for an external credentialing audit?

- A. Create missing verifications after the audit begins
- B. Remove all files containing discrepancies
- C. Compare records and processes with applicable requirements before the survey
- D. Limit staff access to approved policies

22. A credentialing compliance conference at an acute care hospital discusses this scenario. Which meeting record is most appropriate?

- A. Concise minutes showing attendance, actions, recommendations, and recusals
- B. An undocumented verbal recollection
- C. A transcript of every confidential remark
- D. A list of topics with no outcomes

23. A credentialing compliance conference at a multi-hospital system discusses this scenario. A policy and daily workflow no longer agree. What should staff do?

- A. Quietly ignore the approved policy
- B. Escalate the mismatch and align practice through approved change control
- C. Rewrite the policy without authorization
- D. Use a different process for every applicant

24. During a practitioner-data reconciliation at a multi-hospital system, during an internal file audit, what is the most useful sampling approach?

- A. Choose only the newest flawless files
- B. Let each practitioner select a file
- C. Use defined criteria and document how files were selected
- D. Exclude files with known problems

25. During a practitioner-data reconciliation at an ambulatory organization, what should an effective committee agenda provide?

- A. Only the meeting location
- B. Unrelated operational announcements
- C. Decisions completed before review
- D. Clear items, supporting materials, and identified actions

26. During a practitioner-data reconciliation at a credentials verification organization, a committee member has a conflict involving an applicant. What is the best administrative response?

- A. Follow the conflict-of-interest process and document recusal as required
- B. Omit the conflict from the record
- C. Allow the member to control the discussion
- D. Cancel all future committee meetings

27. During a practitioner-data reconciliation at an acute care hospital, what is the best preparation for an external credentialing audit?

- A. Create missing verifications after the audit begins
- B. Remove all files containing discrepancies
- C. Limit staff access to approved policies
- D. Compare records and processes with applicable requirements before the survey

28. During a practitioner-data reconciliation at a multi-hospital system, which meeting record is most appropriate?

- A. An undocumented verbal recollection
- B. A transcript of every confidential remark
- C. Concise minutes showing attendance, actions, recommendations, and recusals
- D. A list of topics with no outcomes

29. During a practitioner-data reconciliation at an ambulatory organization, a policy and daily workflow no longer agree. What should staff do?

- A. Escalate the mismatch and align practice through approved change control
- B. Quietly ignore the approved policy
- C. Rewrite the policy without authorization
- D. Use a different process for every applicant

30. A leadership rounding session at an ambulatory organization presents this case. During an internal file audit, what is the most useful sampling approach?

- A. Choose only the newest flawless files
- B. Use defined criteria and document how files were selected
- C. Let each practitioner select a file
- D. Exclude files with known problems

31. A leadership rounding session at a credentials verification organization presents this case. What should an effective committee agenda provide?

- A. Only the meeting location
- B. Clear items, supporting materials, and identified actions
- C. Unrelated operational announcements
- D. Decisions completed before review

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- D. Concise minutes showing attendance, actions, recommendations, and recusals

35. A leadership rounding session at a credentials verification organization presents this case. A policy and daily workflow no longer agree. What should staff do?

- A. Quietly ignore the approved policy
- B. Rewrite the policy without authorization
- C. Use a different process for every applicant
- D. Escalate the mismatch and align practice through approved change control

36. A credentialing compliance conference at an acute care hospital discusses this scenario. An applicant submits an initial application with an unexplained work-history gap. What should the credentialing specialist do first?

- A. Approve the file because the gap is not a credential
- B. Request a written explanation and supporting information
- C. Delete the dates so the chronology appears continuous
- D. Send the application directly to the governing body

37. A credentialing compliance conference at a multi-hospital system discusses this scenario. Which source best verifies a practitioner's current professional license?

- A. A copy supplied by the practitioner
- B. The practitioner's current curriculum vitae
- C. The licensing board or its officially designated agent
- D. A colleague who practices in the same specialty

38. A credentialing compliance conference at an ambulatory organization discusses this scenario. A completed application contains conflicting dates for postgraduate training. What is the best next step?

- A. Reconcile the discrepancy with authoritative source information
- B. Use the date most favorable to the applicant
- C. Average the two dates and note the estimate
- D. Ignore the conflict if the program name matches

39. A credentialing compliance conference at a credentials verification organization discusses this scenario. What is the primary purpose of primary source verification?

- A. To confirm credentials directly with an authoritative source
- B. To replace all committee review of the application
- C. To guarantee that a practitioner will perform safely
- D. To eliminate the need for applicant attestation

40. A credentialing compliance conference at an acute care hospital discusses this scenario. A practitioner requests a new procedure privilege not covered by prior experience. What evidence is most relevant?

- A. Seniority on the medical staff
- B. A general letter describing good character
- C. Documented training and current competence for the procedure
- D. The number of years since initial appointment

41. A credentialing compliance conference at a multi-hospital system discusses this scenario. Who ordinarily makes the final hospital decision to grant clinical privileges?

- A. The credentialing specialist acting independently
- B. The governing body after receiving medical staff recommendations
- C. The department chair without further review
- D. The primary source verification vendor

42. A credentialing compliance conference at an ambulatory organization discusses this scenario. A file is presented to decision makers. Which approach best supports an objective decision?

- A. Remove adverse information that might delay approval
- B. Summarize only the applicant's favorable statements
- C. Recommend approval based on workforce need alone
- D. Present verified facts, discrepancies, and policy criteria clearly

43. A credentialing compliance conference at a credentials verification organization discusses this scenario. Before accepting an application as complete, what should staff confirm?

- A. The applicant has already begun providing services
- B. The department has promised a specific approval date
- C. All required questions, attestations, signatures, and supporting items are present
- D. Every reference gives the highest possible rating

44. A credentialing compliance conference at an acute care hospital discusses this scenario. A practitioner changes a prior affirmative answer to a disclosure question. What action is most appropriate?

- A. Erase the original answer from the audit trail
- B. Document the change and investigate the underlying circumstances
- C. Treat the revision as automatic grounds for denial
- D. Accept the new answer without further review

45. A credentialing compliance conference at a multi-hospital system discusses this scenario. Which document should control eligibility criteria for appointment when sources disagree?

- A. An outdated orientation handout
- B. A recruiter's informal email
- C. The applicant's preferred interpretation
- D. The organization's currently approved governing documents and policies

46. A credentialing compliance conference at an ambulatory organization discusses this scenario. What is the best way to handle information received after a committee packet deadline?

- A. Follow the approved late-information process and document disposition
- B. Insert it without notifying reviewers
- C. Destroy it because the packet is closed
- D. Hold it until the next reappointment cycle

47. A credentialing compliance conference at a credentials verification organization discusses this scenario. When verifying board certification, which evidence is strongest?

- A. A business card listing the specialty
- B. A self-authored biography on a website
- C. Confirmation from the certifying board or an accepted authoritative source
- D. A photocopy without source confirmation

48. A credentialing compliance conference at an acute care hospital discusses this scenario. An applicant requests privileges outside the lawful scope of the license. What is the proper response?

- A. Approve them if another practitioner agrees to supervise
- B. Do not process privileges beyond the applicable legal scope
- C. Grant them temporarily until the next review
- D. Let the applicant define the scope personally

49. A credentialing compliance conference at a multi-hospital system discusses this scenario. Why is a chronological affiliation history useful during credentialing?

- A. It automatically proves current clinical competence
- B. It replaces primary source inquiries
- C. It determines compensation eligibility
- D. It helps identify gaps, overlaps, and sources requiring verification

50. A credentialing compliance conference at an ambulatory organization discusses this scenario. A reference response is vague about clinical competence. What should staff do?

- A. Interpret silence as an excellent recommendation
- B. Rewrite the response in stronger language
- C. Seek clarification tied to the requested privileges and evaluation criteria

D. Discard all other verified information

51. A credentialing compliance conference at a credentials verification organization discusses this scenario. Which practice best protects the integrity of credentialing data?

- A. Record the source, date, result, and reviewer for each verification
- B. Store only the final approval letter
- C. Permit undocumented changes by any user
- D. Replace original records with verbal summaries

52. A credentialing compliance conference at an acute care hospital discusses this scenario. A credentialing committee identifies a material discrepancy. What should the minutes reflect?

- A. Only the names of attendees
- B. The issue considered and the committee's action or recommendation
- C. A rewritten application that removes the conflict
- D. Confidential peer discussion quoted word for word

53. A credentialing compliance conference at a multi-hospital system discusses this scenario. What distinguishes credentialing from privileging?

- A. Credentialing evaluates qualifications; privileging authorizes defined clinical activities
- B. Credentialing sets compensation; privileging sets benefits
- C. Credentialing applies only to employees; privileging only to contractors
- D. Credentialing is optional whenever privileges are requested

54. A credentialing compliance conference at an ambulatory organization discusses this scenario. When an organization uses a CVO, what responsibility remains with the organization?

- A. No responsibility after the contract is signed
- B. Only responsibility for collecting application fees

- C. Responsibility solely for the CVO's staffing schedule
- D. Oversight of delegated work and its own credentialing decisions

55. A credentialing compliance conference at a credentials verification organization discusses this scenario. An applicant fails a threshold eligibility criterion applied uniformly to all applicants. What is the best action?

- A. Waive the criterion without authorized review
- B. Hide the failure from decision makers
- C. Change the criterion after reviewing this applicant
- D. Process the file according to the approved threshold policy

56. A credentialing compliance conference at an acute care hospital discusses this scenario. What should guide selection of information included in a credentials committee packet?

- A. Whether the information makes approval more likely
- B. The applicant's preference about adverse facts
- C. Decision relevance, completeness, confidentiality, and approved policy
- D. The shortest possible packet regardless of omissions

57. A credentialing compliance conference at a multi-hospital system discusses this scenario. A practitioner disputes an adverse verification response. What is the appropriate administrative approach?

- A. Alter the source response to match the practitioner's account
- B. Allow correction or clarification through the established process
- C. Remove the item before committee review
- D. Assume the source is always wrong

58. A credentialing compliance conference at an ambulatory organization discusses this scenario. Before recommending reappointment, what evidence is especially important in addition to current credentials?

- A. Information about performance and competence during the appointment period
- B. The practitioner's preferred meeting schedule
- C. Marketing value to the organization
- D. The age of the original paper application

59. During a practitioner-data reconciliation at a multi-hospital system, an applicant submits an initial application with an unexplained work-history gap. What should the credentialing specialist do first?

- A. Approve the file because the gap is not a credential
- B. Delete the dates so the chronology appears continuous
- C. Send the application directly to the governing body
- D. Request a written explanation and supporting information

60. During a practitioner-data reconciliation at an ambulatory organization, which source best verifies a practitioner's current professional license?

- A. A copy supplied by the practitioner
- B. The practitioner's current curriculum vitae
- C. The licensing board or its officially designated agent
- D. A colleague who practices in the same specialty

61. During a practitioner-data reconciliation at a credentials verification organization, a completed application contains conflicting dates for postgraduate training. What is the best next step?

- A. Reconcile the discrepancy with authoritative source information
- B. Use the date most favorable to the applicant
- C. Average the two dates and note the estimate
- D. Ignore the conflict if the program name matches

62. During a practitioner-data reconciliation at an acute care hospital, what is the primary purpose of primary source verification?

- A. To replace all committee review of the application
- B. To confirm credentials directly with an authoritative source
- C. To guarantee that a practitioner will perform safely
- D. To eliminate the need for applicant attestation

63. During a practitioner-data reconciliation at a multi-hospital system, a practitioner requests a new procedure privilege not covered by prior experience. What evidence is most relevant?

- A. Documented training and current competence for the procedure
- B. Seniority on the medical staff
- C. A general letter describing good character
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64. During a practitioner-data reconciliation at an ambulatory organization, who ordinarily makes the final hospital decision to grant clinical privileges?

- A. The credentialing specialist acting independently
- B. The governing body after receiving medical staff recommendations
- C. The department chair without further review
- D. The primary source verification vendor

65. During a practitioner-data reconciliation at a credentials verification organization, a file is presented to decision makers. Which approach best supports an objective decision?

- A. Remove adverse information that might delay approval
- B. Summarize only the applicant's favorable statements
- C. Present verified facts, discrepancies, and policy criteria clearly
- D. Recommend approval based on workforce need alone

66. During a practitioner-data reconciliation at an acute care hospital, before accepting an application as complete, what should staff confirm?

- A. The applicant has already begun providing services
- B. The department has promised a specific approval date
- C. Every reference gives the highest possible rating
- D. All required questions, attestations, signatures, and supporting items are present

67. During a practitioner-data reconciliation at a multi-hospital system, a practitioner changes a prior affirmative answer to a disclosure question. What action is most appropriate?

- A. Document the change and investigate the underlying circumstances
- B. Erase the original answer from the audit trail
- C. Treat the revision as automatic grounds for denial
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68. During a practitioner-data reconciliation at an ambulatory organization, which document should control eligibility criteria for appointment when sources disagree?

- A. An outdated orientation handout
- B. A recruiter's informal email
- C. The organization's currently approved governing documents and policies
- D. The applicant's preferred interpretation

69. During a practitioner-data reconciliation at a credentials verification organization, what is the best way to handle information received after a committee packet deadline?

- A. Insert it without notifying reviewers
- B. Destroy it because the packet is closed
- C. Hold it until the next reappointment cycle
- D. Follow the approved late-information process and document disposition

70. During a practitioner-data reconciliation at an acute care hospital, when verifying board certification, which evidence is strongest?

- A. A business card listing the specialty
- B. Confirmation from the certifying board or an accepted authoritative source
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71. During a practitioner-data reconciliation at a multi-hospital system, an applicant requests privileges outside the lawful scope of the license. What is the proper response?

- A. Approve them if another practitioner agrees to supervise
- B. Do not process privileges beyond the applicable legal scope
- C. Grant them temporarily until the next review
- D. Let the applicant define the scope personally

72. During a practitioner-data reconciliation at an ambulatory organization, why is a chronological affiliation history useful during credentialing?

- A. It helps identify gaps, overlaps, and sources requiring verification
- B. It automatically proves current clinical competence
- C. It replaces primary source inquiries
- D. It determines compensation eligibility

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- A. Interpret silence as an excellent recommendation
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- A. Store only the final approval letter
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- B. Rewrite the response in stronger language
- C. Seek clarification tied to the requested privileges and evaluation criteria
- D. Discard all other verified information

97. A leadership rounding session at a multi-hospital system presents this case. Which practice best protects the integrity of credentialing data?

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- B. Permit undocumented changes by any user
- C. Replace original records with verbal summaries
- D. Record the source, date, result, and reviewer for each verification

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- B. A rewritten application that removes the conflict
- C. Confidential peer discussion quoted word for word
- D. The issue considered and the committee's action or recommendation

99. A leadership rounding session at a credentials verification organization presents this case. What distinguishes credentialing from privileging?

- A. Credentialing evaluates qualifications; privileging authorizes defined clinical activities
- B. Credentialing sets compensation; privileging sets benefits
- C. Credentialing applies only to employees; privileging only to contractors
- D. Credentialing is optional whenever privileges are requested

100. A leadership rounding session at an acute care hospital presents this case. When an organization uses a CVO, what responsibility remains with the organization?

- A. No responsibility after the contract is signed
- B. Oversight of delegated work and its own credentialing decisions
- C. Only responsibility for collecting application fees
- D. Responsibility solely for the CVO's staffing schedule

101. A leadership rounding session at a multi-hospital system presents this case. An applicant fails a threshold eligibility criterion applied uniformly to all applicants. What is the best action?

- A. Process the file according to the approved threshold policy
- B. Waive the criterion without authorized review
- C. Hide the failure from decision makers
- D. Change the criterion after reviewing this applicant

102. A leadership rounding session at an ambulatory organization presents this case. What should guide selection of information included in a credentials committee packet?

- A. Whether the information makes approval more likely
- B. The applicant's preference about adverse facts
- C. Decision relevance, completeness, confidentiality, and approved policy
- D. The shortest possible packet regardless of omissions

103. A leadership rounding session at a credentials verification organization presents this case. A practitioner disputes an adverse verification response. What is the appropriate administrative approach?

- A. Allow correction or clarification through the established process
- B. Alter the source response to match the practitioner's account
- C. Remove the item before committee review
- D. Assume the source is always wrong

104. A leadership rounding session at an acute care hospital presents this case. Before recommending reappointment, what evidence is especially important in addition to current credentials?

- A. The practitioner's preferred meeting schedule
- B. Marketing value to the organization
- C. The age of the original paper application
- D. Information about performance and competence during the appointment period

105. While assessing control effectiveness at a credentials verification organization, an applicant submits an initial application with an unexplained work-history gap. What should the credentialing specialist do first?

- A. Approve the file because the gap is not a credential
- B. Request a written explanation and supporting information
- C. Delete the dates so the chronology appears continuous
- D. Send the application directly to the governing body

106. While assessing control effectiveness at an acute care hospital, which source best verifies a practitioner's current professional license?

- A. A copy supplied by the practitioner
- B. The practitioner's current curriculum vitae
- C. The licensing board or its officially designated agent
- D. A colleague who practices in the same specialty

107. While assessing control effectiveness at a multi-hospital system, a completed application contains conflicting dates for postgraduate training. What is the best next step?

- A. Use the date most favorable to the applicant
- B. Reconcile the discrepancy with authoritative source information
- C. Average the two dates and note the estimate
- D. Ignore the conflict if the program name matches

108. While assessing control effectiveness at an ambulatory organization, what is the primary purpose of primary source verification?

- A. To replace all committee review of the application
- B. To guarantee that a practitioner will perform safely
- C. To confirm credentials directly with an authoritative source
- D. To eliminate the need for applicant attestation

109. While assessing control effectiveness at a credentials verification organization, a practitioner requests a new procedure privilege not covered by prior experience. What evidence is most relevant?

- A. Documented training and current competence for the procedure
- B. Seniority on the medical staff
- C. A general letter describing good character
- D. The number of years since initial appointment

110. While assessing control effectiveness at an acute care hospital, who ordinarily makes the final hospital decision to grant clinical privileges?

- A. The credentialing specialist acting independently
- B. The department chair without further review
- C. The primary source verification vendor
- D. The governing body after receiving medical staff recommendations

111. While assessing control effectiveness at a multi-hospital system, a file is presented to decision makers. Which approach best supports an objective decision?

- A. Remove adverse information that might delay approval
- B. Summarize only the applicant's favorable statements
- C. Present verified facts, discrepancies, and policy criteria clearly
- D. Recommend approval based on workforce need alone

112. While assessing control effectiveness at an ambulatory organization, before accepting an application as complete, what should staff confirm?

- A. All required questions, attestations, signatures, and supporting items are present
- B. The applicant has already begun providing services
- C. The department has promised a specific approval date
- D. Every reference gives the highest possible rating

113. While assessing control effectiveness at a credentials verification organization, a practitioner changes a prior affirmative answer to a disclosure question. What action is most appropriate?

- A. Erase the original answer from the audit trail
- B. Document the change and investigate the underlying circumstances
- C. Treat the revision as automatic grounds for denial
- D. Accept the new answer without further review

114. While assessing control effectiveness at an acute care hospital, which document should control eligibility criteria for appointment when sources disagree?

- A. An outdated orientation handout
- B. A recruiter's informal email
- C. The applicant's preferred interpretation
- D. The organization's currently approved governing documents and policies

115. While assessing control effectiveness at a multi-hospital system, what is the best way to handle information received after a committee packet deadline?

- A. Insert it without notifying reviewers
- B. Destroy it because the packet is closed
- C. Hold it until the next reappointment cycle
- D. Follow the approved late-information process and document disposition

116. While assessing control effectiveness at an ambulatory organization, when verifying board certification, which evidence is strongest?

- A. A business card listing the specialty
- B. Confirmation from the certifying board or an accepted authoritative source
- C. A self-authored biography on a website
- D. A photocopy without source confirmation

117. While assessing control effectiveness at a credentials verification organization, an applicant requests privileges outside the lawful scope of the license. What is the proper response?

- A. Do not process privileges beyond the applicable legal scope
- B. Approve them if another practitioner agrees to supervise
- C. Grant them temporarily until the next review
- D. Let the applicant define the scope personally

118. While assessing control effectiveness at an acute care hospital, why is a chronological affiliation history useful during credentialing?

- A. It automatically proves current clinical competence
- B. It replaces primary source inquiries
- C. It helps identify gaps, overlaps, and sources requiring verification
- D. It determines compensation eligibility

119. While assessing control effectiveness at a multi-hospital system, a reference response is vague about clinical competence. What should staff do?

- A. Interpret silence as an excellent recommendation
- B. Rewrite the response in stronger language
- C. Seek clarification tied to the requested privileges and evaluation criteria
- D. Discard all other verified information

120. While assessing control effectiveness at an ambulatory organization, which practice best protects the integrity of credentialing data?

- A. Store only the final approval letter
- B. Permit undocumented changes by any user
- C. Replace original records with verbal summaries
- D. Record the source, date, result, and reviewer for each verification

121. While assessing control effectiveness at a credentials verification organization, a credentialing committee identifies a material discrepancy. What should the minutes reflect?

- A. Only the names of attendees
- B. The issue considered and the committee's action or recommendation
- C. A rewritten application that removes the conflict
- D. Confidential peer discussion quoted word for word

122. While assessing control effectiveness at an acute care hospital, what distinguishes credentialing from privileging?

- A. Credentialing evaluates qualifications; privileging authorizes defined clinical activities
- B. Credentialing sets compensation; privileging sets benefits
- C. Credentialing applies only to employees; privileging only to contractors
- D. Credentialing is optional whenever privileges are requested

123. While assessing control effectiveness at a multi-hospital system, when an organization uses a CVO, what responsibility remains with the organization?

- A. Oversight of delegated work and its own credentialing decisions
- B. No responsibility after the contract is signed
- C. Only responsibility for collecting application fees
- D. Responsibility solely for the CVO's staffing schedule

124. While assessing control effectiveness at an ambulatory organization, an applicant fails a threshold eligibility criterion applied uniformly to all applicants. What is the best action?

- A. Waive the criterion without authorized review
- B. Hide the failure from decision makers
- C. Change the criterion after reviewing this applicant
- D. Process the file according to the approved threshold policy

125. While assessing control effectiveness at a credentials verification organization, what should guide selection of information included in a credentials committee packet?

- A. Whether the information makes approval more likely
- B. Decision relevance, completeness, confidentiality, and approved policy
- C. The applicant's preference about adverse facts
- D. The shortest possible packet regardless of omissions

126. While assessing control effectiveness at an acute care hospital, a practitioner disputes an adverse verification response. What is the appropriate administrative approach?

- A. Alter the source response to match the practitioner's account
- B. Remove the item before committee review
- C. Allow correction or clarification through the established process
- D. Assume the source is always wrong

127. While assessing control effectiveness at a multi-hospital system, before recommending reappointment, what evidence is especially important in addition to current credentials?

- A. The practitioner's preferred meeting schedule
- B. Information about performance and competence during the appointment period
- C. Marketing value to the organization
- D. The age of the original paper application

128. A credentialing compliance conference at an acute care hospital discusses this scenario. A professional license is approaching expiration. What is the best operational response?

- A. Obtain current authoritative verification before the credential expires
- B. Wait until the next full reappointment cycle
- C. Rely permanently on the original license copy
- D. Ask a coworker whether renewal probably occurred

129. A credentialing compliance conference at a multi-hospital system discusses this scenario. A new sanction alert appears between credentialing cycles. What should staff do first?

- A. Ignore it until reappointment
- B. Immediately delete all privileges without review
- C. Discuss it broadly with unauthorized employees
- D. Validate the information and route it under the escalation policy

130. A credentialing compliance conference at an ambulatory organization discusses this scenario. What is the central purpose of ongoing professional practice evaluation?

- A. To replace all focused evaluation activities
- B. To establish the practitioner's salary
- C. To use performance information in decisions about continuing privileges
- D. To verify graduation directly with a school

131. A credentialing compliance conference at a credentials verification organization discusses this scenario. A complaint names a practitioner but lacks supporting detail. What is the best initial response?

- A. Document, triage, and seek information under the complaint process
- B. Assume the allegation is proven
- C. Discard it because it is incomplete
- D. Post it in the general staff newsletter

132. A credentialing compliance conference at an acute care hospital discusses this scenario. Which monitoring design is most reliable?

- A. Occasional searches performed only when convenient
- B. A process known only to one employee
- C. Defined sources, review frequency, ownership, escalation, and documentation
- D. Review limited to favorable information

133. A credentialing compliance conference at a multi-hospital system discusses this scenario. An expirable credential lapses while renewal verification is pending. What should staff do?

- A. Backdate the verification when it arrives
- B. Allow practice because renewal is likely
- C. Remove the expiration date from the database
- D. Apply the organization's lapse and suspension policy promptly

134. A credentialing compliance conference at an ambulatory organization discusses this scenario. Performance data suggest a possible competence concern. What is the credentialing specialist's role?

- A. Make an independent clinical diagnosis
- B. Route accurate information to the authorized review process
- C. Change the data to avoid conflict
- D. Promise the practitioner a particular outcome

135. A credentialing compliance conference at a credentials verification organization discusses this scenario. Why should monitoring results be linked to the practitioner record?

- A. To make the record longer
- B. To replace committee minutes
- C. To avoid notifying authorized reviewers
- D. To preserve traceability and support later decisions

136. A credentialing compliance conference at an acute care hospital discusses this scenario. A practitioner has the same name as a person listed in an adverse database result. What should occur?

- A. Treat every same-name result as confirmed
- B. Use available identifiers to determine whether the result is a match
- C. Ignore all database results with common names
- D. Ask another applicant to decide

137. A credentialing compliance conference at a multi-hospital system discusses this scenario. Which action best closes the loop after an adverse-information review?

- A. Rely on memory after the meeting
- B. Delete the original alert
- C. Document the decision, required follow-up, owner, and completion
- D. Notify people who have no authorized role

138. During a practitioner-data reconciliation at a multi-hospital system, a professional license is approaching expiration. What is the best operational response?

- A. Obtain current authoritative verification before the credential expires
- B. Wait until the next full reappointment cycle
- C. Rely permanently on the original license copy
- D. Ask a coworker whether renewal probably occurred

139. During a practitioner-data reconciliation at an ambulatory organization, a new sanction alert appears between credentialing cycles. What should staff do first?

- A. Ignore it until reappointment
- B. Immediately delete all privileges without review
- C. Discuss it broadly with unauthorized employees
- D. Validate the information and route it under the escalation policy

140. During a practitioner-data reconciliation at a credentials verification organization, what is the central purpose of ongoing professional practice evaluation?

- A. To replace all focused evaluation activities
- B. To use performance information in decisions about continuing privileges
- C. To establish the practitioner's salary
- D. To verify graduation directly with a school

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- B. Assume the allegation is proven
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- A. Backdate the verification when it arrives
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- C. Allow practice because renewal is likely
- D. Remove the expiration date from the database

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- A. Make an independent clinical diagnosis
- B. Change the data to avoid conflict
- C. Promise the practitioner a particular outcome
- D. Route accurate information to the authorized review process

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- B. To replace committee minutes
- C. To preserve traceability and support later decisions
- D. To avoid notifying authorized reviewers

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- B. Treat every same-name result as confirmed
- C. Ignore all database results with common names
- D. Ask another applicant to decide

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- A. Rely on memory after the meeting
- B. Document the decision, required follow-up, owner, and completion
- C. Delete the original alert
- D. Notify people who have no authorized role

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- C. Rely permanently on the original license copy
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- A. Ignore it until reappointment
- B. Immediately delete all privileges without review
- C. Discuss it broadly with unauthorized employees
- D. Validate the information and route it under the escalation policy

150. A leadership rounding session at an acute care hospital presents this case. What is the central purpose of ongoing professional practice evaluation?

- A. To replace all focused evaluation activities
- B. To establish the practitioner's salary
- C. To use performance information in decisions about continuing privileges
- D. To verify graduation directly with a school

Practice Exam 10: Answer Key and Explanations

1. D — Document, triage, and seek information under the complaint process is the best answer. Complaints should enter a consistent process that assesses credibility, urgency, jurisdiction, and the need for further review. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

2. B — Defined sources, review frequency, ownership, escalation, and documentation is the best answer. Reliable monitoring is systematic and accountable, with clear triggers and documented follow-through rather than ad hoc activity. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

3. A — Apply the organization's lapse and suspension policy promptly is the best answer. A pending renewal is not proof of current status; approved policy should control authorization and documentation during a lapse. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

4. B — Route accurate information to the authorized review process is the best answer. Credentialing staff support governance by maintaining accurate records and timely routing, while authorized clinical reviewers make professional judgments. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

5. D — To preserve traceability and support later decisions is the best answer. Traceable monitoring documentation shows what was found, how it was evaluated, and what action followed. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

6. C — Use available identifiers to determine whether the result is a match is the best answer. Identity resolution prevents both false attribution and missed adverse information by comparing reliable identifiers. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

- 7. D** — Document the decision, required follow-up, owner, and completion is the best answer. Closed-loop documentation demonstrates that the organization evaluated the information and completed the resulting action. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 8. A** — Obtain current authoritative verification before the credential expires is the best answer. Recurring expirables require timely tracking and authoritative verification so the organization can act before a lapse affects authorization. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 9. C** — Validate the information and route it under the escalation policy is the best answer. Ongoing monitoring requires prompt confirmation, documented escalation, and review by the appropriate authorized body. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 10. B** — To use performance information in decisions about continuing privileges is the best answer. Ongoing evaluation connects relevant performance data to decisions about maintaining, limiting, or otherwise acting on clinical privileges. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 11. D** — Document, triage, and seek information under the complaint process is the best answer. Complaints should enter a consistent process that assesses credibility, urgency, jurisdiction, and the need for further review. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 12. A** — Defined sources, review frequency, ownership, escalation, and documentation is the best answer. Reliable monitoring is systematic and accountable, with clear triggers and documented follow-through rather than ad hoc activity. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 13. B** — Apply the organization's lapse and suspension policy promptly is the best answer. A pending renewal is not proof of current status; approved policy should control authorization and documentation during a lapse. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 14. C** — Route accurate information to the authorized review process is the best answer. Credentialing staff support governance by maintaining accurate records and timely routing, while authorized clinical reviewers make professional judgments. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 15. A** — To preserve traceability and support later decisions is the best answer. Traceable monitoring documentation shows what was found, how it was evaluated, and what action followed. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

16. C — Use available identifiers to determine whether the result is a match is the best answer. Identity resolution prevents both false attribution and missed adverse information by comparing reliable identifiers. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

17. B — Document the decision, required follow-up, owner, and completion is the best answer. Closed-loop documentation demonstrates that the organization evaluated the information and completed the resulting action. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

18. D — Use defined criteria and document how files were selected is the best answer. A defined, documented sample supports reproducible findings and reduces selection bias. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly. Consistent criteria support fair and defensible review.

19. B — Clear items, supporting materials, and identified actions is the best answer. A structured agenda focuses authorized participants on the information and decisions required for governance. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly. Consistent criteria support fair and defensible review.

20. D — Follow the conflict-of-interest process and document recusal as required is the best answer. Consistent conflict handling protects impartiality, confidentiality, and the credibility of the decision process. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

21. C — Compare records and processes with applicable requirements before the survey is the best answer. Readiness comes from routine compliance, current policies, complete evidence, and documented correction of identified gaps. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

22. A — Concise minutes showing attendance, actions, recommendations, and recusals is the best answer. Minutes should demonstrate governance actions without unnecessary detail that can obscure decisions or compromise protected discussion. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

23. B — Escalate the mismatch and align practice through approved change control is the best answer. Controlled alignment of policy and operations supports consistency, training, auditability, and defensible decisions. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

24. C — Use defined criteria and document how files were selected is the best answer. A defined, documented sample supports reproducible findings and reduces selection bias. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly. Consistent criteria support fair and defensible review.

25. D — Clear items, supporting materials, and identified actions is the best answer. A structured agenda focuses authorized participants on the information and decisions required for governance. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly. Consistent criteria support fair and defensible review.

26. A — Follow the conflict-of-interest process and document recusal as required is the best answer. Consistent conflict handling protects impartiality, confidentiality, and the credibility of the decision process. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

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28. C — Concise minutes showing attendance, actions, recommendations, and recusals is the best answer. Minutes should demonstrate governance actions without unnecessary detail that can obscure decisions or compromise protected discussion. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

29. A — Escalate the mismatch and align practice through approved change control is the best answer. Controlled alignment of policy and operations supports consistency, training, auditability, and defensible decisions. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

30. B — Use defined criteria and document how files were selected is the best answer. A defined, documented sample supports reproducible findings and reduces selection bias. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly. Consistent criteria support fair and defensible review.

31. B — Clear items, supporting materials, and identified actions is the best answer. A structured agenda focuses authorized participants on the information and decisions required for governance. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly. Consistent criteria support fair and defensible review.

32. C — Follow the conflict-of-interest process and document recusal as required is the best answer. Consistent conflict handling protects impartiality, confidentiality, and the credibility of the decision process. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

33. A — Compare records and processes with applicable requirements before the survey is the best answer. Readiness comes from routine compliance, current policies, complete evidence, and documented correction of identified gaps. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

34. D — Concise minutes showing attendance, actions, recommendations, and recusals is the best answer. Minutes should demonstrate governance actions without unnecessary detail that can obscure decisions or compromise protected discussion. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

35. D — Escalate the mismatch and align practice through approved change control is the best answer. Controlled alignment of policy and operations supports consistency, training, auditability, and defensible decisions. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

36. B — Request a written explanation and supporting information is the best answer. Unexplained gaps are resolved before the file is treated as complete, because chronology can reveal omitted affiliations, training, or conduct concerns. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

37. C — The licensing board or its officially designated agent is the best answer. Primary source verification comes from the issuing authority or an accepted agent, rather than from applicant-supplied documents or informal confirmation. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

38. A — Reconcile the discrepancy with authoritative source information is the best answer. Conflicting data must be resolved and documented so decision makers receive a coherent, supportable record rather than assumptions. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

39. A — To confirm credentials directly with an authoritative source is the best answer. Verification establishes authenticity of specified credentials; it does not substitute for governance, competency assessment, or complete disclosure. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

40. C — Documented training and current competence for the procedure is the best answer. Privileges should be linked to the requested activity and supported by education, training, experience, and demonstrated competence. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

41. B — The governing body after receiving medical staff recommendations is the best answer. Credentialing staff assemble and analyze information, while authorized medical staff bodies recommend and the governing body makes the final grant under organizational rules. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role.

42. D — Present verified facts, discrepancies, and policy criteria clearly is the best answer. Decision makers need complete, accurate, neutrally organized information, including unresolved issues and applicable criteria. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

- 43. C** — All required questions, attestations, signatures, and supporting items are present is the best answer. Completeness is a defined administrative threshold and should be assessed consistently before substantive processing continues. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 44. B** — Document the change and investigate the underlying circumstances is the best answer. A changed disclosure requires a traceable record and appropriate follow-up; neither concealment nor automatic conclusions support fair credentialing. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 45. D** — The organization's currently approved governing documents and policies is the best answer. Approved bylaws, rules, and policies define the organization's criteria and authority; informal or outdated materials cannot supersede them. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 46. A** — Follow the approved late-information process and document disposition is the best answer. Late information can affect a decision and must be handled through a consistent process that preserves notice, review, and the record. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 47. C** — Confirmation from the certifying board or an accepted authoritative source is the best answer. Board status should be confirmed through the issuer or a recognized source, not through marketing material or an unverified copy. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role.
- 48. B** — Do not process privileges beyond the applicable legal scope is the best answer. Organizational privileges cannot expand the legal authority attached to a professional license, even when operational need exists. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 49. D** — It helps identify gaps, overlaps, and sources requiring verification is the best answer. A reliable chronology guides verification and discrepancy review but does not itself prove competence or authenticity. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 50. C** — Seek clarification tied to the requested privileges and evaluation criteria is the best answer. Follow-up should obtain decision-relevant facts while preserving the source's actual meaning and the integrity of the record. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.
- 51. A** — Record the source, date, result, and reviewer for each verification is the best answer. A complete audit trail allows reviewers to trace what was verified, when, by whom, and from which source. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

52. B — The issue considered and the committee's action or recommendation is the best answer. Minutes should document official business and outcomes sufficiently for governance while following confidentiality and privilege requirements. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

53. A — Credentialing evaluates qualifications; privileging authorizes defined clinical activities is the best answer. The processes are related but distinct: one establishes the qualification record, and the other defines authorized clinical scope. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

54. D — Oversight of delegated work and its own credentialing decisions is the best answer. Delegation can transfer defined verification activities, but accountability, oversight, and final organizational decisions remain with the delegating entity. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

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130. C — To use performance information in decisions about continuing privileges is the best answer. Ongoing evaluation connects relevant performance data to decisions about maintaining, limiting, or otherwise acting on clinical privileges. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

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132. C — Defined sources, review frequency, ownership, escalation, and documentation is the best answer. Reliable monitoring is systematic and accountable, with clear triggers and documented follow-through rather than ad hoc activity. The other choices bypass policy, rely on weak evidence, or assign authority to the wrong role. Staff should document the source and action clearly.

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