River Valley Health & Dental Center

471 Hepburn St Williamsport, PA 17701 (570) 567-5400

www.rivervalleyhealthanddental.org

February 11, 2021

Kimberly Wetherhold Board Chair Susquehanna Community Health and Dental Clinic, Inc. 471 Hepburn Street Williamsport, PA 17701

RE: Reappointment & Initial Credentialing & Privileging:
Melinda Flick, PHDHP – Reappointment
Daniel Conner, DO – Initial

Dear Ms. Wetherhold:

On behalf of the QA/QI Committee, it is our pleasure to recommend approval of the referenced providers for reappointment/initial appointment to the dental/medical staff based on the Committee's review of their applications and the results of the credentialing verification process.

In addition, their requests for medical practice privileges were also reviewed and found suitable for granting the delineation of privileges as requested.

Please do not hesitate to contact me with questions or for further information.

Sincerely,

Kayla Richardson, M.D.

Chairman

QA/QI Committee

Credentialing Process Results Report – Daniel R. Conner, DO

fication Results
Date: 01/25/2021
<u>.state.pa.us</u> Issued: 01/22/2021
Expires: 10/31/2022
fication: Graduation/Degree Conferred:
rvice In file
Recommendation/Verifications in
ons: file
isor /etc.
review
firmed by Statement in File
or/
I by Center Staff ID#/Description Photo
In file
rce/Secondary
by Center staff
rce/Secondary
Expires: 8/31/2021
y of record by
rce/Secondary
rce/Secondary Issued 06/10/2020
Expires 06/2022
y of record by
Verification in file
ons.oig.hhs.gov/ Search noted
vider-Peer Recommendation Signed/Letter
performance from QA Committee included in
data file

Credentialing Process Results Report – Melinda Flick, PHDHP

Credentialing/Privileging Task	Method of Verification	Results
Initial Credentialing & Privileging	Public Health Hygienist	Date: 02/02/21
LICENSE/REGISTRATION/	www.licensepa.state.pa.us	Issued: 12/04/2018
CERTIFICATION	PHDH001051	Expires: 3/31/2021
EDUCATION	Telephonic verification:	Graduation/Degree Conferred:
	Transcipt or service	In file
RELEVANT TRAINING/RESIDENCY		
CURRENT COMPETENCE (Applicable	Written Peer	Recommendation/Verifications in
to both credentialing and	recommendations:	file
Privileging) (See Delineation Form	by prior supervisor /etc.	
for Privileging)	Dental Director review	
HEALTH FITNESS CONFIRMATION	Statement confirmed by	Statement in File
	Medical Director/	
Government issued Picture ID	Copy of original by Center Staff	ID#/Description Photo
Government issued violate is	cop/ or original of	In file
Immunization and PPD Status	Secondary source/Secondary	
	source	
	Copy of record by Center staff	
DEA registration (as applicable)	Secondary source/Secondary	
	source	N/A
	Original or copy of record by	
· · · · · · · · · · · · · · · · · · ·	Center staff	
Hospital Admitting Privileges (as	Secondary source/Secondary	
applicable)	source	
Life support Training (as applicable)	Secondary source/Secondary	Expires 2/28/2021 Recertification
a .	source	in process
	Original or copy of record by	
	Center staff	
National Practitioner Data Bank		Verification in file
query		
OIG Suspension/Debarment	https://exclusions.oig.hhs.gov/	Search noted
Application/Delineation of	Request by Provider-Peer	Recommendation Signed/Letter
Privileges	Review and or performance	from QA Committee included in
	improvement data	file
Board Approval (Applicable to both	Board action documented in	
credentialing and privileging	minutes	
NEXT PRIVILEDGING DATE:		1/2023
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