

June 21, 2023

Kimberly Wetherhold  
Chairman of the Board  
River Valley Health & Dental  
471 Hepburn Street  
Williamsport, PA 17701

RE: Credentialing/Privileging  
Reappointment: Shelly Conner, CRNP  
Christine Kavanagh, CRNP  
Addition of Privileges: Gretchen Henson, DDS

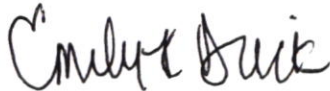
Dear Ms. Wetherhold,

It is my pleasure to recommend approval of the above referenced providers requests for reappointment and privileges to the staff and the request for addition of privileges based on the recommendation of the QA/QI Committee and the results of the credentialing verification process, which found suitable support for granting of their reappointment/appointment to the staff.

In addition, their requests for 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 for further information.

Sincerely,



Emily Drick, Chief Quality Officer  
Chair QA/QI Committee

Credentialing Process Results Report – Shelly Conner, CRNP

Credentialing/Privileging Task	Method of Verification	Results
ReCredentialing & Privileging	CRNP	Date: 6/13/2023
LICENSE/REGISTRATION/ CERTIFICATION	<a href="http://www.licensepa.state.pa.us">www.licensepa.state.pa.us</a> SP015543	Issued: 10/26/2015 Expires: 4/30/2025
EDUCATION	Telephonic verification: Transcript or service	
RELEVANT TRAINING/RESIDENCY		
CURRENT COMPETENCE (Applicable to both credentialing and Privileging) (See Delineation Form for Privileging)	Written Peer recommendations: by prior supervisor /etc. Dental Director review	Recommendation/Verifications in file
HEALTH FITNESS CONFIRMATION	Statement confirmed by Chief Medical Officer/	Statement in File
Government issued Picture ID	Copy of original by Center Staff	ID#/Description Photo In file
Immunization and PPD Status	Secondary source/Secondary source Copy of record by Center staff	
DEA registration (as applicable)	Secondary source/Secondary source Original or copy of record by Center staff	MC3655315 Expires: 8/31/2024
Hospital Admitting Privileges (as applicable)	Secondary source/Secondary source	NA
Life support Training (as applicable)	Secondary source/Secondary source Original or copy of record by Center staff	Expires: 09/24
National Practitioner Data Bank query		Verification in file
OIG Suspension/Debarment	<a href="https://exclusions.oig.hhs.gov/">https://exclusions.oig.hhs.gov/</a>	Report in file
Application/Delineation of Privileges	Request by Provider-Peer Review and or performance improvement data	Recommendation Signed/Letter from QA Committee included in file
Board Approval (Applicable to both credentialing and privileging)	Board action documented in minutes	
NEXT PRIVILEGING DATE:		05/2025

Credentialing Process Results Report – Christine Kavanagh, CRNP

Credentialing/Privileging Task	Method of Verification	Results
ReCredentialing & Privileging	CRNP	Date: 6/13/2023
LICENSE/REGISTRATION/ CERTIFICATION	<a href="http://www.licensepa.state.pa.us">www.licensepa.state.pa.us</a> SP008251	Issued: 3/30/2004 Expires: 4/30/2025
EDUCATION	Telephonic verification: Transcript or service	
RELEVANT TRAINING/RESIDENCY		
CURRENT COMPETENCE (Applicable to both credentialing and Privileging) (See Delineation Form for Privileging)	Written Peer recommendations: by prior supervisor /etc. Dental Director review	Recommendation/Verifications in file
HEALTH FITNESS CONFIRMATION	Statement confirmed by Chief Medical Officer/	Statement in File
Government issued Picture ID	Copy of original by Center Staff	ID#/Description Photo In file
Immunization and PPD Status	Secondary source/Secondary source Copy of record by Center staff	
DEA registration (as applicable)	Secondary source/Secondary source Original or copy of record by Center staff	MK3730062 Expires: 12/31/2024
Hospital Admitting Privileges (as applicable)	Secondary source/Secondary source	NA
Life support Training (as applicable)	Secondary source/Secondary source Original or copy of record by Center staff	Expires: 11/24
National Practitioner Data Bank query		Verification in file
OIG Suspension/Debarment	<a href="https://exclusions.oig.hhs.gov/">https://exclusions.oig.hhs.gov/</a>	Report in file
Application/Delineation of Privileges	Request by Provider-Peer Review and or performance improvement data	Recommendation Signed/Letter from QA Committee included in file
Board Approval (Applicable to both credentialing and privileging)	Board action documented in minutes	
NEXT PRIVILEGING DATE:		05/2025



**RIVER VALLEY COMMUNITY HEALTH & DENTAL CENTER  
RENEWAL OF CLINICAL PRIVILEGES**

**Applicant:** Gretchen Henson, DDS **Date:** 06/13/2023

**Biennial**

**Staff Status** X Active        Consulting  
       Courtesy        Emeritus  
       None-Member Practitioner        Locum Tenens

I hereby apply for Reappointment/Renewal of Clinical Privileges on Susquehanna Community Health and Dental Clinic, Inc.

Please check one of the following to indicate your request for privileges/staff status for the next reappointment cycle. Please be sure to identify and request withdraw of any privileges you have not utilized in the past two years and do not anticipate utilizing in the foreseeable future. I would like to:

       Continue present privileges/staff status  
X Request new privileges/staff status as noted below.  
       Withdraw privileges as noted below

Request for new privileges or staff status: (Please print and attach required documentation to support your request.)

Add Adults, & Special needs patients

Withdraw of privileges:

I have not requested privileges for which I am not qualified. Furthermore, I realize that certification by a specialty Board does not necessarily qualify me to perform certain procedures; however, I believe that I am qualified to perform all procedures for which I have requested privileges.

**Signature of Applicant:** Gretchen K. Henson DDS **Date:** 6/13/2023

**Signature of <sup>Dental Director</sup> Chief Medical Officer:** DDA By JMD **Date:** 6/14/2023