

REQUEST FOR RECORDS DISPOSAL AUTHORITY
(See Instructions on reverse)

Rec. 1/4/79

TO: **GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

LEAVE BLANK	
JOB NO NC1-AU-79-18	
DATE RECEIVED January 5, 1979	
NOTIFICATION TO AGENCY In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
<i>1-8-79</i> Date	<i>James B. Rhoads</i> Archivist of the United States

1. FROM (AGENCY OR ESTABLISHMENT)

Department of the Army

2. MAJOR SUBDIVISION

The Adjutant General Center

3. MINOR SUBDIVISION

Records Management Division

4. NAME OF PERSON WITH WHOM TO CONFER

D. L. Pate

5. TEL EXT

693-1937

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

A Request for immediate disposal.

B Request for disposal after a specified period of time or request for permanent retention.

C. DATE <i>18 Dec 78</i>	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>Cornelia O'Brien for</i> GUY B. OLDAKER	E. TITLE <i>Cyrus H. Fraker</i> Chief, Records Management Div. TAGCEN
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7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
1.	<p align="center"><u>Practitioner Credentialing Files</u></p> <p align="center">912-04</p> <p>Documents relating to the granting or denying of membership on hospital staffs and delineation of specific clinical privileges accumulated in hospitals. Included are applications for membership and specific clinical privileges; approval, denial, and reason therefore; copies of diplomas; letters from State Boards of Examiners, specialty boards, previous employees; and related documents validating experience and documenting demonstrated ability.</p> <p align="center"><u>Disposition</u></p> <p>Destroy 5 years after separation, retirement, or termination of employment. Retain in last medical treatment facility of appointment or employment.</p>		

Copy sent to agency: 1-9-79: [Signature]
WMM info copy.