

Case Log for Focused Professional Practice Evaluation



****Privileged/Confidential T.C.A. 63-6-219****

Applicant Name: _____

Case Log for FPPE Requirements: _____

Date	Patient Identifier	Location	CPT Procedure Code	Diagnosis	Complications	Outcome and/or Disposition

IMPORTANT NOTICE: Case Logs are required to track the cases need to complete your FPPE for both initial and/or additional clinical privileges. Case logs must cover patients you have treated at Methodist Healthcare – Memphis Hospitals within the first months after approval for privileges. Please refer to the Methodistmd.org website to review the requirements for those procedures required to undergo this process at initial appointment as defined by your clinical department. (Choose the Quick Action Links FPPE & Evaluation Forms). You may use this form or a different format, as long as the elements listed on this form are included.