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| Title: | Agency Staff-Health Care Providers | Page 1 of 2 |
| Policy No: | 2 PC 1017 | Effective Date: November 15, 2004 |

Appendix A

Agency Staff Pre-Employment Checklist
Health Care Provider

Name of Employee _____ Title/Classification _____

Name of Agency _____ Contact/Telephone # _____

| Required Documentation | Comments |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <input type="checkbox"/> Picture identification | |
| <input type="checkbox"/> BLS-Healthcare Provider or ACLS Certification, <i>if applicable</i> | |
| <input type="checkbox"/> Current Michigan Nursing License /Other Certification | |
| <input type="checkbox"/> Michigan CIS License Verification | |
| <input type="checkbox"/> TB Test or CXR results | |
| <input type="checkbox"/> Hepatitis B vaccine validation or Signed/dated Vaccine Consent/Decline release form | |
| Serum Titer results: | |
| <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Varicella | |
| <input type="checkbox"/> Hepatitis C | |
| <input type="checkbox"/> Copy of completed DMC NetLearning™ Compliance transcript (including Age Specific Competency specific to patient population). | |
| <input type="checkbox"/> Rn/LPN medication test- 2005 Net learning. Test is timed 1 hour. Need to have the Medication Study Guide prior to taking the test. | 2005 Net Learning |
| <input type="checkbox"/> <i>If applicable:</i> DMC Critical Care Challenge Exam-Answer Sheet--scored (passing score of 85% required), signed and dated. CHM hospital will provide site specific exam during initial orientation. | |

| Other orientation verification/validation (<i>specify</i>): | Comments |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Quizzes <ul style="list-style-type: none"> ▪ DMC Patient Rights Quiz ▪ <u>Culture and diversity- pending 2005</u> ▪ DMC Code of Conduct- attestation ▪ DMC Blood administration Quiz | |
| <input type="checkbox"/> Fit testing | |

| Investigations | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Drug Screen-negative results | |
| <input type="checkbox"/> Criminal History-negative results | |
| <input type="checkbox"/> Exclusion from Participation in Medicare and other Federal Care Programs-not excluded | |
| <input type="checkbox"/> RN: Relevant employment history: <ul style="list-style-type: none"> <input type="checkbox"/> Acute Care: 1 year experience within the last 2 years <input type="checkbox"/> Critical Care: 2 years experience within the last 5 years <input type="checkbox"/> Other (<i>specify</i>) _____ | |

I, _____, as the representative of _____ agency attest that the preceding investigations (as indicated) have been conducted for the above named individual. Documentation of results to be provided to the DMC upon request.

Name/Title

Date

Retain completed Agency Staff Pre-Employment Checklist in the Site's agency employee's file