

# Samaritan Services Inc. Pre-Employment Checklist

Name \_\_\_\_\_  
Title \_\_\_\_\_

## CERTIFICATION

Licence NY _____	Expiration Date _____
NY Licence Registration _____	Expiration Date _____
CPR _____	Expiration Date _____
ACLS: _____	Expiration Date _____
IV Certification _____	Expiration Date _____
Other Certification _____	Expiration Date _____

## I-9 DOCUMENTATION

SS Card:  Picture ID/Driver License:  Passport  Green Card

Work Authorization:

## BACKGROUND CHECK:

Criminal Background:  OIG Exclusions  License Verification (NJ):  References (3)

Passport Size Photo (For ID):

## LIABILITY INSURANCE:

Expiration Date \_\_\_\_\_

\*\*\*Coverage in the amount of \$1-6 Million for RN & LPN's

## REGISTRATION PACKAGE

Application  Background Check Auth.  Drug Screen Auth.

Welcome Package

Completion of Samaritan Orientation Module and Video  Date Completed \_\_\_\_\_

Employment Agreement  Rate Given \_\_\_\_\_

Employment Agency Contract (DOCA)

W4

Clinical Skills Checklist

Annual In-Service/Core Competency  Expiration Date \_\_\_\_\_  
Completion of Facility Orientation Module \_\_\_\_\_ Date Completed \_\_\_\_\_

**ANNUAL PHYSICAL**

Expiration Date \_\_\_\_\_

PPD1  PPD2  **OR** Chest X-Ray

Rubella (German Measles)  Rubeola (Measels)  Varicella  Hepatitis

Vaccine I  II  III  Flu Shot

Drug Screening  **If NO Hepatitis provide our declination form**

**COMMENTS:** .....  
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