

STAFF FOLDER CHECK LIST

Caregiver Name:	Position:		
Contact No.:	Email:		

Required Documentation	Date Completed	Mandatory Renewal Date
Application		
Employment Agreement		
Driver's License		
Social Security		
Direct Deposit		
I-9 Form		
Resume		
Proof of Education		
References		
Level 2 Background Screening (expires every five years)		
Local Background Check Caregiver Professional		
Liability Insurance		
Vehicle Registration		
Vehicle Insurance		
Affidavit of Good Moral Character		
Zero Tolerance (expires every three years)		
HIPPA (expires yearly)		
HIV/AIDS Training		





STAFF FOLDER CHECK LIST

	Infection Control Training		
	CPR/First Aide Training (expires every two years)		
	Choice and Rights of Individual (Bill of Rights)		
	Complete Core Competencies Training		
	Med Administration		
	*CNA License		
	*HHA Cert.		
	*LPN License		
Notes:			
Official Signatur	re:	_ Date:	

