



Date: _____

Last Name: _____

First Name: _____

MI: _____

Phone #: _____

Employee #: _____

Welcome to Florida Home Bound MHA, Inc. The following **documentation (1-22) must be completed before you may begin Home Care Visits**, if applicable:

<input type="checkbox"/>	1.	Employee Application
<input type="checkbox"/>	2.	Vendor Agreement
<input type="checkbox"/>	3.	Driver License copy
<input type="checkbox"/>	4.	Social Security Card copy
<input type="checkbox"/>	5.	Alien/Green, Permanent Resident Card, copy, if applicable
<input type="checkbox"/>	6.	Employment Eligibility Verification/Immigration Form
<input type="checkbox"/>	7.	Resume
<input type="checkbox"/>	8.	2 Reference Letters
<input type="checkbox"/>	9.	Professional License copy <i>or</i> HHA Certificate copy
<input type="checkbox"/>	10.	Professional License Certificate (RN, LPN, PT, PTA, OT, COTA, CNA, LCSW)
<input type="checkbox"/>	11.	Professional Liability Insurance (RN, LPN, PT, PTA, OT, COTA, LCSW)
<input type="checkbox"/>	12.	Automobile Insurance
<input type="checkbox"/>	13.	AIDS Training Certificate (less than 2 years old)
<input type="checkbox"/>	14.	OSHA Training Certificate (less than 2 years old)
<input type="checkbox"/>	15.	Domestic Violence Training Certificate (less than 2 years old)
<input type="checkbox"/>	16.	CPR Training Card (less than 2 years old)
<input type="checkbox"/>	17.	HIPAA Training Certificate (conducted at FHB)
<input type="checkbox"/>	18.	Prevention of Medical Errors Certificate (LPNs and RNs)
<input type="checkbox"/>	19.	Chest X-Ray results (less than 3 years old) <i>or</i> PPD Test results (less than 1 year old)
<input type="checkbox"/>	20.	Background Check – Level II (new standard)
<input type="checkbox"/>	21.	FHB Orientation scheduled: Date: _____
<input type="checkbox"/>	22.	On-Site Visit Scheduled. Date: _____

Human Resource Associate signature: _____

Note: Prior to the submission of your application packet, please verify that the expiration dates of all required documents are within the stated time periods.

Prior to attending FHB Orientation, your file must be complete.

FHB ORIENTATION:

All HHA/CNA Personnel: Orientation is scheduled on Wednesdays from 12:00 Noon to 4:00 P.M.

All Licensed Personnel (RN, LPN, PT, PTA, OT, COTA, LCSW): Orientation is scheduled on Thursdays from 12:00 Noon to 4:00 P.M.