



## **HEALTH SOURCE GROUP**

### **CLINICIAN CREDENTIAL CHECKLIST**

- Updated Resume
- Application (Attached)
- 2 Forms of ID (Drivers license/Social security card/ Passport/ Green Card)
- Professional License\*\* (RN/LPN/PT/RT/OT/PTA/RTT/COTA)
- Certifications where applicable
- CPR Certs\*\* (bcls, acls, pals)
- Professional Liability Insurance\* ( [www.nso.com](http://www.nso.com) or [www.hpsso.com](http://www.hpsso.com) )
- Medical Clearance (physical)\* (within a year) (Form Attached)
  - PPD\* (within a year)
  - Chest X-Ray\*\* (with positive PPD only)
  - Immunizations & Titer Levels
    - Measles
    - Mumps
    - Rubella
    - Varicella (chicken pox)
- Hepatitis B Waiver (form attached)
- HIPAA Declaration\* (form attached)
- Mandates (JCAHO)\* (form attached)
- References (two clinical) (forms attached)
- Consents (HSG & Sterling) (Forms Attached)
- W9 (Form attached)
- I-9
- Passport size photo with white background

\*EXPIRES YEARLY

\*SUBJECT TO EXPIRATION

Please provide our office with the signed documents we provided to you. Please use this checklist to be certain you have provided us with all necessary documentation prior to any assignments.

All clinical field staff will be responsible for the maintenance of their necessary documentation. You will be removed from an assignment if any of these documents expire. We will make every effort to assist you in this process

Thank You,

HSG