

Compliance Checklist

Optimizer Credential Name	Required	Preferred	Notes
ACLS Advance Cardiac Life Saving	x		Required for specific RN/Unit positions; AHA or ARC Only.
Annual Physical Exam	x		Annual (within 1 year of start) Physical and Physician Statement of Health.
Background Check	x		7 years – County Search/FACIS Level 3/National Criminal/Social Security Trace. Must be completed within 30 days prior to start. Attestation can be completed for pending BGCK.
BLS Basic Life Saving	x		Required for all RN positions; AHA or ARC Only
Crisis Prevention		x	Required for all Psych positions
Drug Screen	x		9 panel Drug Screen: RAPID DRUG SCREEN NOT ALLOWED. Done within 30 days of startdate
COVID Immunization 1	x		Upload full vaccination records- 2 dose vaccine of Pfizer/Moderna or 1 dose vaccine of J&J. Any Religious or Medical Exemption Requests must fill out Ingalls approved forms and has to be approved before starting
Fit Test		x	DONE ONSITE
Immunization – Flu Shot	x		ANNUAL: Flu season starts 10.1, candidates must be vaccinated by 11.30. Religious or Medical Exemption Requests must fill out Ingalls approved forms and must be approved before starting
Immunization / Titer - Hep B	x		Proof of positive IGG Titer or completed 3 vaccination series. Declination allowed. Titer must include patient identifiers; date collected and clearly show Immunity status
Immunization / Titer - MMR	x		Proof of positive IGG titer or completed 2 vaccination series. (given at least 28 days apart). Titers must include patient identifiers and date collected. -Quantitative (includes lab values) results are preferred, but Qualitative will be accepted unless member requires otherwise. -Vaccinations/Booster must include patient identifiers, date(s) given, and administering physicians signature and/or provider information/location -If Resource is non-reactive or titer results are equivocal, a booster series (2) must be given (shots administered minimum 28 days apart) and a copy on file before they are cleared to begin work. -IGM titers will never be accepted.

SAM gov	x		<p>https://www.sam.gov/ within 30 days prior to start. May be ran separately or be included in BG check report.</p> <p>Attestation can be completed for pending sanction</p>
Skills Checklist	x		<p>1. Skills Checklists are unit specific to the Resource's scope of practice. Every Resource must have a skills checklist on file.</p> <p>2. Skills checklists are also required for any units the Resource may float to.</p> <p>3. Must have been completed within past year.</p>
Education Verification	x		<p>1. Education Verification required through the Resource's school or a program (ie-Nat'l Student Clearinghouse only) for highest level of relevant education.</p> <p>a. A copy of diploma OR copy of transcripts are acceptable in lieu of the verification for Non-Clinical resources.</p> <p>b. Education Verification can be included with Background check.</p> <p>c. If a verification cannot be obtained, e.g. school is no longer in existence, a written waiver email from the Member is acceptable and must be on file.</p> <p>Attestation can be completed for pending EDV</p>
Work Verification	x		<p>Must be run for all places of employment from the last 7 years; must match resume.</p> <p>Attestation can be completed for pending EMPV</p>

Immunization- TDaP	x		Proof of vaccination within 10 years. TD will not be accepted in lieu of Tdap. Declination accepted
Immunization / Titer – Varicella	x		Proof of a Positive IGG Titer or 2 Vaccinations (given at least 28 days apart) must be on file for each Resource. Titters must include patient identifiers and date collected. -Quantitative (includes lab values) results are preferred, but Qualitative will be accepted unless Member requires otherwise. -Vaccinations/Booster must include patient identifiers, date(s) given, and administering physicians signature and/or provider information/location -If Resource is non-reactive or titer results are equivocal, a booster series (2) must be given (shots administered minimum 28 days apart) and a copy on file before they are cleared to begin work. -IGM titers will never be accepted -Will accept a declination
PALS	x		Required Specific Positions/Units. AHA or AR Only.
TB Test	x		Proof of a negative TB test (QuantIFERON, T-Spot, or TB Skin Test) done within a year of the assignment start date. If any positive, evidence of a clear chest x-ray done within past 12 months and completed site questionnaire. If resource does not already have results from within past year, appointment should be scheduled within 24-48 hours of offer acceptance and completed within 30 days prior to start
National Sex Offender	x		https://www.nsopw.gov/ within last 30 days. May be ran separately or be included in BG check report. Attestation can be completed for pending sanction
OFAC	x		https://sanctionssearch.ofac.treas.gov/ within 30 days prior to start. May be ran separately or be included in BG check report. Attestation can be completed for pending sanction
OIG Sanction Search	x		https://exclusions.oig.hhs.gov within 30 days prior to start. May be ran separately or be included in BG check report. Attestation can be completed for pending sanction
Resume or Application	x		Should include 7 years of employment, if applicable, any explanation of gaps. Must include a current and valid phone number and email address for the Resource. Must have at least 1 year experience in the specialty or one of comparable or higher acuity. Vizient Coversheet will be required with Resume.
RN License (Nursys or other Primary Source)	x		For RNs, state licensure must be verified through NURSYS. Must be conducted within 30 days of assignment start date.

REGISTERED PROFESSIONAL NURSE JOB DESCRIPTION

Job Summary:

The Registered Nurse (RN) is responsible for managing the individualized patient care by promoting and restoring patients' health through the nursing process; collaborating with physicians and multidisciplinary team members; providing physical and psychological support to patients, friends, and families; and supervising assigned team members. The RN is responsible to the Clinical Manager for the assigned Department.

Qualifications

- Graduate of an accredited school of nursing.
- Current licensure in good standing in the state of practice, and all other states where license is held
- Evidence of 1 year of nursing experience in specialty within the past two years
- Evidence of BLS and all additional required credentials specific to nurse specialty and as designated by health care organization.

Responsibilities

- Conducts an individualized patient assessment, prioritizing the data collection based on the patient's immediate condition or needs within timeframe specified by client facility's policies, procedures or protocols.
- Conducts ongoing assessments as determined by patient's condition and/or the client facility's policies, procedures or protocols and reprioritizes care accordingly.
- Develops plan of care that is individualized for the patient reflecting collaboration with other members of the healthcare team.
- Performs appropriate treatments as ordered by physician in an accurate and timely manner.
- Performs therapeutic nursing interventions as established by individualized plan of care for the patient and his/her family.
- Delivers care with appropriate age and cultural competence to specific patient populations according to individualized needs.
- Provides individualized patient/family education customized to the patient and his/her family.
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress towards problem resolution.
- Initiates emergency resuscitative measures according to adult resuscitation and advanced life support protocols.
- Maintains confidentiality in matters related to patient, family and client facility staff.
- Provides care in a non-judgmental, non-discriminatory manner that is sensitive to the patient's and family's diversity, preserving their autonomy, dignity and rights.
- Reports patient condition to appropriate personnel during each shift.
- Maintains current competency in nursing specialty by attending educational workshops; reviewing professional publications; establishing personal networks; participating in professional societies.

Signature _____ Date _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Choice Medical Staffing Solutions, LLC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Choice Medical Staffing Solutions, LLC., except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

Physician Contact

Doctor's Name _____	Address _____
Phone Number _____	_____

Employee Authorization

I have voluntarily provided the above contact information and authorize <Choice Medical Staffing Solutions> and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date

This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

Emergency Contact Form

Employee Name _____	Address _____
Phone Number _____	_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:	
Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Phone Number _____
Secondary Contact in case of emergency:	
Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Phone Number _____



Ingall's Memorial Hospital
Credential Requirements Attestation
Contract Labor Management

In an effort to expedite the credentialing and onboarding process, the following accommodations are being implemented for resources on assignment at Ingall's Memorial Hospital. By completing and signing this form, the agency acknowledges that it is still responsible for collecting, maintaining and keeping on file, all documentation pertaining to the requirements below. Additionally, the agency may be required, at any time, to provide the documentation upon request within 48 hours.

1. Resource has undergone a criminal background check within the past 12 months, including search of county/state/federal records and a Social Security Number trace. Furthermore, resource has not been arrested, plead guilty or nolo contendere/"no contest" to criminal charges or has pending criminal cases against them.

2. If not already included with background check, agency has ran online searches for resource on the following sanction:
 - National Sex Offender
 - OIG
 - SAM
 - OFACFurthermore, agency attests that findings for all searches came back with "no results" on resource.

3. Agency attests that it has completed all verifications of education and work history. Also, agency has on file a minimum of two current/recent SUPERVISOR references.

4. Resource is current on all items necessary, such as testing, for specific positions including, but not limited to:
 - Speciality Exams (minimum passing score of 80%)
 - Medication Exam (minimum passing score of 80%)
 - EKG/Dysrhythmia
 - Core Competency Exams (National Patient Safety, HIPAA, OSHA, etc.)

If using E-signature, please use DocuSign to include official timestamp

Resource Representative Signature: _____ Date: _____

Resource Representative Printed Name: _____

Agency Representative Signature: _____ Date: _____

Agency Representative Printed Name: _____