



Nurse Checklist

EMPLOYEE INFORMATION

Name:	Start date:
Position:	Manager:

FIRST MEETING

- Employment Application (Include all duties / Salaries)
 Provide Copy Of Employment Contract Sign Contract / Date: _____
 Provide Copy Of Attorney Questions Submitted Date: _____

IMMIGRATION DOCUMENTATION

HR CHECK LIST

- Review Immigration Docs
 File I-140
 Date: _____
 I-512L, Author for Parole
 Date: _____
 Work Authority
 Date: _____

NURSE CHECK LIST

- Diploma of Nursing
 Official Transcript Granting Degree
 RN / PT Board Certificate
 RN / PT License
 (US & Other Country)
 CGFNS
 Comprehensive Curriculum Vitae
 Awards / Training / Seminar
 Certificates
 Employment Certificates
 Interim Permit (RNs only)

- Birth Certificate
 Birth Certificate – Spouse & Children
 if applicable)
 Marriage Certificate (if applicable)
 Foreign Language (ELTS / TOEFL)
 Certificate
 Test of Written English (TWE)
 Certificate
 Test of Spoken English (TSE)
 Certificate
 Photocopy of Applicant's Passport
 Police or NI Clearance
 Four (4) 2x2 Colored Pictures

HUMAN RESOURCE DOCUMENTATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Documents Reviewed and Complete | <input type="checkbox"/> Resume
<input type="checkbox"/> Complete Application
<input type="checkbox"/> Clinical Competencies Skills Checklist
<input type="checkbox"/> References Date Called: _____
<input type="checkbox"/> US W-4
<input type="checkbox"/> I-9
<input type="checkbox"/> Current RN License
<input type="checkbox"/> Current ACLS
<input type="checkbox"/> Current CPR
<input type="checkbox"/> Copy of Drivers License / SS Card
<input type="checkbox"/> Employment Eligibility Verification
<input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Request for Employment Verification
<input type="checkbox"/> Workplace Safety- Universal
<input type="checkbox"/> Criminal Background Check
<input type="checkbox"/> Policy and Procedure
<input type="checkbox"/> Drug Screen Consent for Random Testing
<input type="checkbox"/> Drug Free Workplace Policy
<input type="checkbox"/> HIPAA Privacy Rule
<input type="checkbox"/> Documentation of Special Education
<input type="checkbox"/> JCAHO / OSHA Orientation
<input type="checkbox"/> Evidence of Health Status
<input type="checkbox"/> Back Safety
<input type="checkbox"/> Latex Allergy Physician Release
<input type="checkbox"/> Hand Hygiene Guidelines |
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INTRODUCTIONS AND TOURS

- Give introductions to department staff and key personnel during tour.
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Tour of facility, including: | <ul style="list-style-type: none"> • Restrooms • Mail rooms • Copy centers • Fax machines | <ul style="list-style-type: none"> • Bulletin board • Parking • Printers • Office supplies | <ul style="list-style-type: none"> • Kitchen • Coffee/vending machines • Cafeteria • Emergency exits and supplies |
|---|---|--|---|

POSITION INFORMATION

- Introductions to team.
 Review initial job assignments and training plans.
 Review job description and performance expectations and standards.
 Review job schedule and hours.
 Review payroll timing, time cards (if applicable), and policies and procedures.