



Document Checklist Candidate

Welcome assignment and Thank You for choosing Skipstone Healthcare Staffing! We look forward to working with you.

All items listed below are critical documents, required by our client facilities, mandated by JCAHO and OSHA, and necessary for Skipstone to efficiently place you in the desired opportunity. **UNFORTUNATELY WE CANNOT CONFIRM YOUR ASSIGNMENT WITHOUT RECEIVING THESE ITEMS WITHIN THE ALLOTTED TIME FRAME!** Please review the list below and return a copy of the required documents to Skipstone Healthcare Staffing at the address, or fax number, listed on the bottom of this form.

Initial Forms: This form was created for your convenience to help you keep track of the documentation you have sent. In the space provided, next to the checkmark, please write the date sent.

- ✓ _____ **Resume**
- ✓ _____ **Employment Application:** Review content for accuracy, initial bottom right corner of pages 1 & 2, then sign page three.
- ✓ _____ **Employee Professional References Form:** (3 completed by previous employers)
- ✓ _____ **Disclosure & Release** (Complete all fields, sign and date)
- ✓ _____ **Therapy Skills Checklist** (Complete the form for your discipline)
- ✓ _____ **State Licensure** (Copies of the front and back of the work State Licensure)
- ✓ _____ **Certifications: CPR, BCLS, ACLS, ETC.**
- ✓ _____ **Certificate of Clinical Competency** (Speech Language Pathologists Only)
- ✓ _____ **HIPAA Statement**

Medical Forms:

- ✓ _____ **Physician's Statement Physical (current within one year):** Please include a signature, date, and contact information on the Skipstone Physician's Statement. Doctor's Note / facility printout: signature and date. Other travel company's physical form: signature, date, and contact information
 - ❖ **MMR documentation:**
 - Birth before 1957**
 - 1 MMR or MR (month / day / year), or
 - Rubella titer & Rubeola titer WITH LAB RESULTS
 - Birth after 1957:** 2 MMR or MR (month / day / year), or
 - Positive Measles, Mumps, & Rubella titers WITH LAB RESULTS, or
 - Positive measles (rubeola) & rubella titers WITH LAB RESULTS, or
 - MMR & Positive rubeola titer WITH LAB RESULTS, or
 - Rubeola & Rubella titers with immunity due to history for mumps (month/year)
 - ❖ **Varicella Documentation:** Immunization: 2 injections with month / day / year
Titer: positive IGG, WITH LAB RESULTS and month / day / year
- ✓ _____ **TB Screening:** PPD (Purified Protein Derivative) current w/in one year (Or a chest X-ray if positive PPD)
Hepatitis B Proof of Vaccination documentation or Hepatitis B Vaccination Declination:

HR Forms:

- ✓ _____ **I-9 Form (and supporting identification)**
- ✓ _____ **W-4 Form**
- ✓ _____ **Payroll Information and Direct Deposit Form**
- ✓ _____ **Signed Assignment Confirmation Memorandum:** (Review content for accuracy, sign and date)
- ✓ _____ **Proof of Automobile Insurance and a Copy of your current Drivers License**
- ✓ _____ **Drug Screen** (Must receive results 48 hours prior to placement)
- ✓ _____ **Permanent Tax Home Declaration**
- ✓ _____ **Employee Handbook Acknowledgement Form** (Must read the employee manual before signing)