



Attestation Form – New Employees

Employee Name		Job Class	SSN	Vendor Name		
License/Certification		License/Certificate State and Number		Expiration Date	Verification Date	
State License						
Certification						
BLS						
ACLS						
PALS						
NRP						
LPN/LVN IV Certification (if applicable)						
Other (list):						
Other (list):						
Drivers License (if applicable)						
Knowledge Based Tests (as applicable)		Test Score	Background Investigation	Completed Date	Education	Date Completed
Medication Administration			SSN Verification		OSHA Bloodborne Pathogens	
Medical-Surgical			Criminal Search (up to 7 years or up to 5 searches)		Safety and Risk Management	
Critical Care			Employment Verification (last 7 years)		Safe Body Mechanics	
Pediatrics			OIG List of Excluded Individuals		Age Specific	
Pediatric Intensive Care			GSA List of Parties Excluded from Federal Programs		Restraint	
Neonatal Intensive Care			Government Suspect List (OFAC)		TB Education	
Telemetry			Education Verification (Highest Level)		HCA Code of Conduct (orientation)	
Emergency Department			Professional License Verification		HCA Code of Conduct Refresher	
Certified Nursing Assistant			Certification and Designations Check		Skills Checklist	
Respiratory Therapy			Professional Disciplinary Action Search		Signed Job Description	
Post Partum			Sexual Offender and Predator Search		Signed Orientation Verification	
Labor and Delivery			DMV (if Applicable)		Confidentiality & Security	
Operating Room RN			Fingerprinting (if applicable)			
Operating Room CST			Abuse Check (if applicable)		Meditech Training	
Case Management			State Exclusion List (if applicable)		EMAR Training	
Specialty Area Exam						
PACU					Other:	
Other (list):						
Health Information		Date Completed	Health Information	Date Completed	Health Information	Date Completed
Hepatitis Vaccination or Declination					Schedule II completed	
Physical Exam or Medical Declaration			Varicella & MMR (vaccine or titers)		Drug Screening	
PPD or Chest X-Ray if Positive PPD			Respirator fit-testing			
Attestation Statement & Signature						
As a designated representative of the Agency named below, I attest that the above information is in this employee's file, and that the above named employee has related job skills and <i>a minimum of one year of acute care experience in the areas assigned above.</i>						
Name of Agency:						
Agency Representative:					Date:	

Fax to: _____