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 **Personnel File Checklist**

**RN’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ Employment Application

\_\_\_\_ Resume

\_\_\_\_ References (2)

\_\_\_\_ Nursing License(s)

\_\_\_\_ BLS Certification

\_\_\_\_ Certifications (CPR, Midline, IV, etc.)

\_\_\_\_ Criminal Background Check

\_\_\_\_ Drug Testing

\_\_\_\_ Independent Contractor Agreement

\_\_\_\_ Independent Contractor Fee for Service

\_\_\_\_ I – 9 (2 forms of ID -Driver’s License, Passport, SS card, etc.)

\_\_\_\_ Proof of Malpractice

\_\_\_\_ Health Statement (to include PPD / CXR, Hepatitis B vaccine)

\_\_\_\_ Hepatitis B Vaccine Declination (if applicable)

\_\_\_\_ Orientation Checklist

\_\_\_\_ RN Skills Checklist

\_\_\_\_ Direct Deposit Form

\_\_\_\_ Performance Evaluation, Disciplinary actions

\_\_\_\_ Any Other Documents as applicable