

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, creed, color, age, sex, religion or national origin.



HEALTHCARE SOLUTIONS
1551 Forum Place
Suite 500B
West Palm Beach, FL 33401
P: (561) 491-4274
F: (561) 471-7124

RN/LPN/CNA/HHA CHECKLIST

LAST NAME: FIRST NAME:

CREDENTIALS	TERM / DATE ISSUED	COMPLETED	MISSING	EXPIRE
DRIVER'S LICENSE		<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL SECURITY CARD		<input type="checkbox"/>	<input type="checkbox"/>	
ALIEN/RESIDENT CARD (IF APPLICABLE)		<input type="checkbox"/>	<input type="checkbox"/>	
CHEST X-RAY OR PPD 2 YEARS	2 YEARS	<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL (FREE OF COMMUNICABLE DISEASE)	WITHIN 6 MONTHS	<input type="checkbox"/>	<input type="checkbox"/>	
LEVEL II	EVERY 5 YEARS	<input type="checkbox"/>	<input type="checkbox"/>	
CLINICAL LICENSE (IF APPLICABLE)	2 YEARS	<input type="checkbox"/>	<input type="checkbox"/>	
HHA 75 HOUR DIPLOMA (IF APPLICABLE)	1 TIME	<input type="checkbox"/>	<input type="checkbox"/>	
CPR (AMERICAN HEART ASSOCIATION)	2 YEARS	<input type="checkbox"/>	<input type="checkbox"/>	
OSHA	1 YEAR	<input type="checkbox"/>	<input type="checkbox"/>	
DOMESTIC VIOLENCE	1 YEAR	<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL RECORDS (NURSES)	1 YEAR	<input type="checkbox"/>	<input type="checkbox"/>	
HIV	1 TIME	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTING WITH MEDICATIONS	1 YEAR	<input type="checkbox"/>	<input type="checkbox"/>	
ALZHEIMERS'S	1 TIME	<input type="checkbox"/>	<input type="checkbox"/>	
HIPAA	1 TIME	<input type="checkbox"/>	<input type="checkbox"/>	
HEP B WAIVER	FORM PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	
AUTO INSURANCE		<input type="checkbox"/>	<input type="checkbox"/>	
LIABILITY INSURANCE	1 YEAR	<input type="checkbox"/>	<input type="checkbox"/>	
IV CERTIFICATION	1 TIME	<input type="checkbox"/>	<input type="checkbox"/>	