



CONTRACTOR CREDENTIALING

DOCUMENT	EXPIRATION
<input type="checkbox"/> State or Government Issued Photo ID	_____
<input type="checkbox"/> Medical License / Certificate	_____
<input type="checkbox"/> Social Security Card	_____
<input type="checkbox"/> BLS/CPR Certification Card	_____
<input type="checkbox"/> ACLS Certification Card	_____
<input type="checkbox"/> Malpractice Insurance	_____
<input type="checkbox"/> Application	_____
<input type="checkbox"/> Annual Physical	_____
<input type="checkbox"/> TB/PPD or Chest X-Ray	_____
<input type="checkbox"/> Hepatitis B Vaccination or Declination	_____



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DOCUMENT	EXPIRATION
<input type="checkbox"/> Flu Vaccination or Declination	_____
<input type="checkbox"/> Drug Screen	_____
<input type="checkbox"/> HIPAA Acknowledgement	_____
<input type="checkbox"/> OSHA Acknowledgement	_____
<input type="checkbox"/> Confidentiality Statement	_____
<input type="checkbox"/> Job Description Acknowledgement	_____
<input type="checkbox"/> Direct Deposit Form	_____
<input type="checkbox"/> I-9	_____
<input type="checkbox"/> W-9	_____
<input type="checkbox"/> Orientation	_____
<input type="checkbox"/> Competency Checklist	_____