



308 Main St Gray, IA. 50110
Office: 712/563-3771 Fax: 888/476-7296

State of Iowa required documents checklist, for healthcare professionals

Name of Contractor: _____ Title: _____

List of Items to be supplied by Applicant

- Application _____
- Adult Abuse Training Certificate _____ Expiration date: _____
- Mantoux (TB) Test _____ Expiration date: _____
- Work Physical _____
- Hepatitis B vaccination/declination _____
- HIPPA training on file _____
- Nurse Aide Registry Card _____ License # _____
- Med Aide Certificate _____
- CPR and any other training certificates _____ Expiration date: _____
- Nursing License _____ License # _____ Expiration date: _____
- Supervisor Course Certificate (LPN only) _____
- Drivers License _____ Expiration date: _____
- Social Security card _____

Miscellaneous Documents For NOC Office Use

- Criminal Background (sing sheet) _____
 - A. **Is there a Possible Hit for Criminal Background?** Yes _____ No _____
 - Was the form 470-2310 filled out? Yes _____ No _____
 - B. **Is there a Possible Hit for Abuse?** Yes _____ No _____
 - Was the form 470-0612 filled out? Yes _____ No _____
 - C. **If needed, do we have a letter for Okay to work in Facility?** Yes _____ No _____
- Iowa Board of Nursing License Check _____
- Direct Care Workers Sheet _____
- Elder Justice Act _____
- Eventide Code of Conduct _____
- HHS – OIG check (yearly) _____ Expiration date: _____
- SAM check (yearly) _____ Expiration date: _____
- Sex Offenders Search _____ Expiration date: _____
- Text Message Policy _____
- Direct Deposit Form _____
- Signed Contract _____
- Name Tag _____

Date: _____

Verified By: _____

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