Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personnel Requirements (needed prior to employment/providing services):**

* Resume
* Official Transcript – Degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Letters of Reference (3)
* Education Qualification (Certificates, etc.)
* Proof of Supervision + Current Letter or License (**Therapist/if applicable**)
* Direct Deposit Form (**Employees only**)
* OSBI Check
* Copy of Driver License - State: \_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_\_\_
* Social Security Card
* I-9
* W-4 (**Employees Only**) or W-9 (**Contractors Only**)
* National Provider Identification NPI Number, # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* OHCA (Medicaid) Provider ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Confidentiality Statement
* Child Abuse Statement
* Sexual Harassment Statement
* Orientation Statement
* Employment Letter / Contract Agreement
* Job Description
* Emergency Information Sheet

**Certification or proof of trainings:**

* \_\_\_\_\_\_\_\_\_Billing
* \_\_\_\_\_\_\_\_\_File Room Procedure

**Yearly Mandatory Staff Training FY: 2018 – 2019**

* **\_**\_\_\_\_\_\_\_\_Violence In The Workplace
* \_\_\_\_\_\_\_\_\_Consumer Rights/ Person and Family Centered Services
* \_\_\_\_\_\_\_\_\_Co-Occurring & Gender Specific
* \_\_\_\_\_\_\_\_\_Personnel / Professional Ethics
* \_\_\_\_\_\_\_\_\_Cultural Competency
* \_\_\_\_\_\_\_\_\_Preventing Sexual Harassment
* \_\_\_\_\_\_\_\_\_Blood borne Pathogens for the Workplace
* \_\_\_\_\_\_\_\_\_HIV/Aids
* \_\_\_\_\_\_\_\_\_Health & Safety **Personnel Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**