



## REQUIRED DOCUMENTATION CHECKLIST

**A complete file, consisting of the documents listed below, are required prior to placement:**

**Application Materials**

1. Job Application must be completed in full, including the Primary Applicant Agreement/Professional Conduct Expectations. You may include your resume, but it will not replace a complete job application.
2. Signed and completed I-9 Form.
3. **Two** evaluations from employers you've worked for within last the two years.
4. Employee Handbook Acknowledgement
5. Drug and Alcohol Acknowledgement
6. Authorization form for background checks, verifications, etc.
7. HIPPA Acknowledgement
8. Clinical Skills Checklist(s), updated annually: You may access all skills checklists on the nurse portal at <https://my.nursejob.com> after you have obtained your login and password from the Applicant On Boarding Team at 800-736-8773, press option 2 to be connected with an AOB team member. All nursing applicants must complete the Essential/Practical Skills Checklis as well as the appropriate unit specific checklist below:

- |                                      |                                   |                                    |
|--------------------------------------|-----------------------------------|------------------------------------|
| ▪ Adult Pediatric Psychiatric Skills | ▪ Interventional Radiology Skills | ▪ Operating Room Tech              |
| ▪ Cardiac Cath Lab Skills            | ▪ Labor & Delivery Post Partum    | ▪ PICU Skills                      |
| ▪ ER Unit Skills                     | ▪ Medical/Surgical Skills         | ▪ Pediatric Skills                 |
| ▪ Endoscopy Skills                   | ▪ NICU Skills                     | ▪ Post-Anesthesia Care Unit Skills |
| ▪ <i>Essential/Practical Skills</i>  | ▪ Nursery Skills                  | ▪ Stepdown/PCU/Tele                |
| ▪ Intensive Care Unit                | ▪ Operating Room Skills           |                                    |

**Medical Documentation**

9. A current physical or physician's statement within previous 12 months.
10. Hepatitis B documentation (vaccination series of three, titer, booster, or signed declination).
11. A TB screen current within 12 months; if you have a history of positive TB, you must have a chest x-ray and annual TB questionnaire.
12. Proof of immunity to Rubeola, Rubella and Mumps (*positive titer or 1 MMR*).
13. Proof of immunity to Varicella-(positive titer or Varivax inoculation).
14. Tetanus within 10 years, or signed declination.

**Licenses, Professional Certifications, and Resuscitation Credentials**

15. Clear copies of all current nursing licenses and professional certifications.
16. Clear copy of a current American Heart Association Healthcare Provider BLS card preferred. If you have additional resuscitation credentials (ACLS, ENPC, NRP, PALS, TNCC), please send copies of both front and back of credential.
17. Proof of eligibility to work within the United States (For example: a Social Security Card and a Driver's License, or Passport). A completed, notarized I-9 Form must accompany these documents.

FASTAFF ▪ 800-736-8773 ▪ Fax: 888-508-7854 ▪ [www.fastaff.com](http://www.fastaff.com)  
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