

Nursing Pool Checklist

Agency Name: _____

City: _____

Date: _____

Policies & Procedures	
Administrative Policies/Personnel	
<input type="checkbox"/>	Application {.0201}
<input type="checkbox"/>	Scope/Description of Services {.0301}
<input type="checkbox"/>	Evidence of premise for operation {.0202} {.0204}
<input type="checkbox"/>	Organization Chart {.0301 (a)}
<input type="checkbox"/>	General & Professional Liability Insurance{.0303} (1,000,000 minimum)
<input type="checkbox"/>	Orientation {.0301 (a)}
<input type="checkbox"/>	Supervision {.0301 (a)}
<input type="checkbox"/>	Staffing Availability
<input type="checkbox"/>	Personnel Record Content {.0302 (a) (b)}
<input type="checkbox"/>	Employee Evaluation {.0301 (a)}
<input type="checkbox"/>	Training
<input type="checkbox"/>	Skills Validation
<input type="checkbox"/>	Establishment of Contract/ Contract Procedure
<input type="checkbox"/>	Health Screening
<input type="checkbox"/>	Credentialing
<input type="checkbox"/>	In-Service Education {.0301 (a)} (fire, safety, universal precautions)
<input type="checkbox"/>	Criminal Background
Patient Care Policies	
<input type="checkbox"/>	Patient Care {.0301 (a)} <ul style="list-style-type: none"> • Professional Conduct
<input type="checkbox"/>	Patient Rights / Privacy
<input type="checkbox"/>	Reporting of patient abuse, neglect, or exploitation {.0301 (c)}



Personnel Record Review

	RN/LPN/MD	RN/LPN/MD	RN/LPN/MD
Employee Name			
Job Title			
Hire Date			
Application/Resume			
Signed Job Description			
License Verification			
Certificate Verification			
CPR			
Contract			
Skills Validation			
Bloodborne Pathogen Training			
Hepatitis B			
TB			
Orientation			
(2) Reference checks			
SBI Signed Authorization			
In-Service/Continuing Ed			

Comments: