

# PRE-HIRE CHECKS

EMPLOYEE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

## NURSE AIDE REGISTRY CHECK

All para professionals (HHA) must have the Nurse Aide Registry Check done prior to orientation being scheduled. This is NOT optional if it is a law in your state and MUST be done before hire.

Call the Indiana Nurse Aide Registry phone number for Indiana candidates.

Nurse Aide Registry Check called on: \_\_\_\_\_ by \_\_\_\_\_

Nurse Aide Registry Check returned: Yes

## LICENSE CHECK

All licensed professionals must produce their current professional license. Verify credentials online to ensure current & "in good standing". The online statement must be printed and placed in their personnel file along with a copy of the current license.

Professional licensure checked online: YES

Is professional's license listed as current/"in good standing"? YES NO

Print the online screen

## OIG FRAUD CHECK: on hire & annually

Every employee will be checked through the OIG Exclusions Site at: <http://exclusions.oig.hhs.gov/>

Has this been checked: YES NO

Print the online screen

## HHA ONLY CHECK: HHA TRAINING PROVIDER IN GOOD STANDING WITH CMS:

Verification to ensure source of training program is in good standing with CMS

Date Performed: \_\_\_\_\_ Performed through:

Office of Inspector General (OIG) <https://oig.hhs.gov/exclusions>

System for Award Management (SAM) <https://www.sam.gov>, etc

OTHER:

Signature/Title of Staff conducting screening \_\_\_\_\_

\*\*\*\*\* Attach printouts to this form & file in personnel folder. \*\*\*\*\*

**\*\*\*\* COMPETENCY GUIDELINES--**  
**Do not Provide this page to Applicant**

**Pre-Hire Home Health AIDE Read/Write/Report Competency**  
Signal Health Group Inc.

☐ **SECTION A**  
writing ability

**\*\* Ask the Applicant to fill in the following 4 lines.**

**Name:** \*\*\*\* goal is that the applicant can write this information

**Position Applying for:** \*\*\*\* **Must be able to write for hire.**

**Today's Date:**

**Agency Name:**

☐ **SECTION B**  
reading ability

**\*\*\* The applicant to read aloud the following:**

Mary is my patient who I see every week on Monday and Thursday. Mary's plan of care includes assist with bathing, blood pressure, and reporting all skin changes to the nurse. One day you go to her home and find Mary eating an apple for lunch and when assisting her with bathing, you see a large open cut on her leg you had not seen before.

**\*\*\*\* Here we are ensuring the applicant is able to read to performs their duties, ie. follow the plan of care, documentation in the clinical record, etc**  
**Must be able to read for hire.**

☐ **SECTION C**  
ability to verbally report clinical changes

**\*\* Ask the applicant the following 2 questions & record the answers:**

**\*\*\*\*\* Here we are testing the applicants ability to complete the process of verbally reporting clinical changes**  
**\*\*\* must be able to verbally report clinical changes for hire.**

**Is there anything you need to report about Mary:** **you are looking for the applicant to answer- open cut on leg**

**Who will you report this to:** **you are looking for the applicant to answer- the nurse**

*TO BE COMPLETE BY AGENCY PRE-HIRE STAFF:*

**SCORE (indicate 1 or 2 score for A, B & C)**

Section A Score: 1. Completed 2. Unable to complete: \_\_\_\_\_

Section B Score: 1. Able to read 2. Unable to read: \_\_\_\_\_

Section C Score:

1. ID item to report & to whom 2. Unable to determine what/to whom to report clinical changes: \_\_\_\_\_

**\*\*\*\* Must have all "1"s to meet CMS compliance & Hire.**

**Agency Hiring Staff Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**SIGNAL HEALTH GROUP, INC.**

**EMPLOYMENT OFFER LETTER (Conditional Employment)**

DATE: \_\_\_\_\_

RE: CONDITIONAL JOB OFFER FOR: \_\_\_\_\_

I am pleased to offer you a conditional position as \_\_\_\_\_ with Signal Health Group Inc..

This offer is conditional, pending the results/return of:

Criminal History Check

Reference Checks (2 required)

You may begin our Agency Orientation but may not have direct patient contact until the identified items above have returned and they find you meet the qualifications for permanent employment.

You will begin your conditional        full-time        part-time        per diem        or salary  
position on \_\_\_\_\_.

Your employment location is: \_\_\_\_\_.

Your salary offer for this position is \$ \_\_\_\_\_ per year        per hour        per visit

Pay Date: 15<sup>th</sup> of the month for services 16<sup>th</sup> to 30<sup>th</sup> or 31<sup>st</sup>

30<sup>th</sup> of the month for services 1<sup>st</sup> to 15<sup>th</sup>

Benefits are not currently offered as we are a startup agency. We will notify you immediately when we are prepared to begin offering a benefit package. Consult your employee handbook or the Administrator for other benefit information.

Sincerely,

\_\_\_\_\_

Signal Health Group Representative

\_\_\_\_\_

Date

Offer accepted by:

\_\_\_\_\_

Employee

\_\_\_\_\_

Date

**SIGNAL HEALTH GROUP, INC.**

**EMPLOYMENT OFFER LETTER (Permanent Employment)**

DATE: \_\_\_\_\_

RE: JOB OFFER FOR: \_\_\_\_\_

I am pleased to offer you a position as \_\_\_\_\_ with Signal Health Group Inc.

You will begin your            full-time            part-time            per diem            or salary  
position on \_\_\_\_\_.

Your employment location is: \_\_\_\_\_.

Your salary offer for this position is \$ \_\_\_\_\_ per year            per hour            per visit

Pay Date: 15<sup>th</sup> of the month for services 16<sup>th</sup> to 30<sup>th</sup> or 31<sup>st</sup>

30<sup>th</sup> of the month for services 1<sup>st</sup> to 15<sup>th</sup>

Benefits are not currently offered as we are a startup agency. We will notify you immediately when we are prepared to begin offering a benefit package. Consult your employee handbook or the Administrator for other benefit information.

Sincerely,

\_\_\_\_\_

Signal Health Group Representative

\_\_\_\_\_

Date

Offer accepted by:

\_\_\_\_\_

Employee

\_\_\_\_\_

Date