CONTRACT STAFF ON-BOARDING CHECKLIST

Colleague Name: __________________________________ Agency Name: _________________________________

Date Started with Agency: ______________________ Date Started at Waterloo/Cedar Falls/Oelwein: _______________________

Items listed below are to be received prior to first day unless noted.

Profile Information (if in Clinical Role):
___ Skills Checklist ___ Resume or work history ___ References (Pertaining Area of Specialty)

Certifications (if applicable):
___ License Verified Type: ___________ License Number: _____________ Exp Date: _____________
___ Driver’s License Exp Date: _____________

Mandatory Education (if applicable):
___ BLS Received ___ ACLS Received ___ PALS Received ___ NRP Received

Mandatory Education - Required for All Hospital Positions Upon Hire:
___ Mandatory Reporter Training for Child and Dependent Adult Received

Background Checks (all checks to include all prior last names):
___ Record Check Evaluation Authorization Form
___ IA Criminal Justice Background ___ Possible Hit ___ Complete
___ IA Abuse Registry
___ Out of State Background Check if lived outside of Iowa the past 3 years
___ Office of Inspector General (OIG)
___ Excluded Parties List System (EPLS)

Health Requirements:
___ 5-Panel Drug Screen (within three months of starting with Wheaton Iowa or three months of starting with Agency if within the last 12 months)
___ MD/NP/PA Documentation of Physical Exam – Free of Communicable Diseases and Able to Perform Job Duties (within the last year)
___ Negative 2-Step Mantoux TB Skin Test Within Last 12 Months or Negative Chest X-Ray Report
___ Positive Rubella Titer or Documented Dose (1) of Live Virus Vaccine After the 1st Birthday
___ Positive Rubeola Titer or Documented Doses (2) of Live Virus Vaccine After the 1st Birthday
___ Positive Mumps Titer or Documented Doses (2) of Live Virus Vaccine After the 1st Birthday
___ Positive Varicella Titer or Documented Doses (2) of Live Virus Vaccine After the 1st Birthday
___ Hepatitis B Refusal/Signed Waiver or Vaccine History (3 Doses) or Positive Titer
___ Seasonal Influenza Vaccine Documented (September –March/Date maybe extended based on recommendations from the CDC) If unable to provide proof of Vaccination a Declination Form needs to be completed and staff must follow masking guidelines.

Orientation Requirements:
☐ Due First Day:
  o Agency Staff Online/Department Orientation Checklist-SELF-STUDY ORIENTATION
  o Confidentiality Statement
  o Anti-Harassment Form
☐ Due 1 week after start date:
  o Agency Staff Online/Department Orientation Checklist-ON-SITE DEPARTMENT ORIENTATION

HR/Contract Staff On-Boarding Checklist 2019 05
INTERNAL USE ONLY

Colleague Name: __________________________ Colleague Number: ____________ LanID: _____________

Date of Birth: _________________ SSN: _____________________ TMSSN: __________________________

Process Level: ___Waterloo (5001) ___Oelwein (5040) ___Cedar Falls (5065)

Dept Name/Dept #:______________________________ Pos Name/Pos #:_____________________________

Leader: __________________________

___ Added to Spreadsheet
___ Assigned Generic SSN for data entry
___ License or Certification Verified
___ Hire Notice Started
___ Entered in TM (Always start last name with ZZ example: ZZSmith)
___ Username/LanId Received
___ Hire Notice Complete and Printed for File
___ Copy Hire Notice to Payroll (All Contract Staff)
___ Hire Notice Emailed to Colleague Health and Safety (HSS Only)
___ Emailed Leader w/ DOB, Last 4 of SSN, Associate Number and LanId for Security Request
___ Emailed Clinical Informatics (if applicable)
___ Sent Notification to LMS Administrator (if applicable)
___ Email Payroll to Release Badge (if applicable)
___ Scan/Email Mandatory Education to Clinical Development to Log in HealthStream (HS)
___ Scan/Email Completed Orientation Checklist to Clinical Development to Log in HS