

Checklist for Agency/Contractors

	Name:
First	t Day of Work:
Department Name	
Providence Manager Name	
	Photo ID available upon arrival
	Verification and documentation of current licensure, as applicable at the primary source
	(Example: DOH licenses can be found at:
	https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx) print out and
	initial screen shot for proof of online primary source verification of current licensure if
	applicable to job description
	All other primary source verification and documentation of current certifications and
	registrations, as applicable, to job description (BLS, ACLS, etc)
	3 rd Party Criminal Background Check from agency (must be <90 days from start date); Date
	Complete
	WATCH (must be <90 days from start date) Date Complete:
	be done separately, the 3 rd party background checks sometimes will omit hits on the WATCH if it's over a certain period of
	time, and we cannot ignore any hits on the WATCH report
	SAM https://www.sam.gov/portal/public/SAM/ (within last 30 days)
	Date Complete: (May be checked on the 3 rd party background check, but note monthly
	check needed below)
	OIG http://exclusions.oig.hhs.gov/ (Within last 30 days)
	Date Complete: (May be checked on the 3 rd party background check, but note monthly
	check needed below) 10 Panel Drug Screen Results (must be <30 days from start date) must include:
	Amphetamines (MET) Opiates (MOR) Casaina Matakalitaa (COS)
	 Cocaine Metabolites (COC) Phencyclidine (PCP)
	Marijuana Metabolites (THC)
	Health Information (per Health Requirements 2014 form)
	Latest Physical (Agency Only)
	Hospital Orientation
	☐ Signed portions of the packet including all forms and tests.
Α	TTENTION: Any positive results from any background checks or drug
SC	creens must be cleared through HR before they are allowed to start.
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M	onthly - Need to pull the following each month the person is at Providence:
	SAM https://www.sam.gov/portal/public/SAM/
	OIG http://exclusions.oig.hhs.gov/