



Welcome to your assignment! We have listed below those items **we must receive from you within 24 hours**. Please review the list and return those items along with this checklist in the provided, prepaid UPS envelope. Initial beside each item below to indicate what you have returned. **All items listed below are critical documentation** required by Holsman Healthcare and our client facilities and are mandated by JCAHO and OSHA. **WE CANNOT CONFIRM YOUR ASSIGNMENT WITHOUT RECEIVING THESE ITEMS WITHIN THE ALLOTTED TIMEFRAME!**

- ___ **Disclosure & Release:** complete all fields then sign and date.
- ___ **Application:** review content for accuracy, initial bottom right corner of pages 1 & 2, then sign page three
- ___ **Signed Contract:** review content for accuracy, then sign and date.
- ___ **Licensure:** copies of front & back of work state licensure. If you are doing a walkthrough or have received temporary licensure and have not received your card yet, please forward copies within 24 hours of receipt.
- ___ **Copy of current Certification(s):** copies of front & back of specified certifications.
- ___ **Physical (current within one year):**
 - On Holsman Healthcare's "Physician's Statement": signature, date, and contact information
 - Doctor's Note / facility printout: signature and date
 - Other travel company's physical form: signature, date, and contact information
- ___ **TB Screening:**
 - PPD (Purified Protein Derivative) – current within one year
 - Placed date / by
 - Read date / by
 - 0 mm, clear, negative
 - Chest X-ray (CXR) – current within two years
 - Complete Holsman Healthcare's TB Questionnaire
 - "Positive TB Screen"
 - Clear / normal / no active disease
 - Dated printout results; signature preferred
- ___ **MMR documentation:**
 - Birth before 1957
 - 1 MMR or MR (month / day / year), **or**
 - Rubella titer & Rubeola titer WITH LAB RESULTS
 - Birth after 1957
 - 2 MMR or MR (month / day / year), **or**
 - Positive Measles, Mumps, & Rubella titers WITH LAB RESULTS, **or**
 - Positive measles (rubeola) & rubella titers WITH LAB RESULTS, **or**
 - MMR & Positive rubeola titer WITH LAB RESULTS, **or**
 - Rubeola & Rubella titers with immunity due to history for mumps (month/year)
- ___ **Varicella documentation:**
 - Immunization: 2 injections with month / day / year
 - Titer: positive IGG, WITH LAB RESULTS and month / day / year
- ___ **Hepatitis B documentation:**
 - Series documented within 10 years; month / date / year
 - 1st – 2nd = 1 month; 3rd = 6 months; can be in process of completing series
 - Titer: month / date / year WITH POSITIVE LAB RESULTS
 - If negative titer, then a series post titer or declination
 - Holsman Healthcare HBV Declination: must be on Holsman healthcare form, signed and dated
- ___ **HIPAA Statement**
- ___ **Take Drug Screen**

Please consult the Holsman Healthcare folder for those forms that do not need to be returned immediately but do need to be received no later than 48 hours prior to your start date. If you have any questions regarding these items please feel free to contact a quality assurance representative at 1-973-393-5545. Thank you for your time and consideration.