PRE-HIRE CHECKS

EMPLOYEE:	SOCIAL SECURITY #:
NURSE AIDE REGISTRY CHECK	
All para professionals (HHA) must have t This is NOT optional if it is a law in your	the Nurse Aide Registry Check done prior to orientation being scheduled. state and MUST be done before hire.
Call the North Carolina Nurse Aide Regi	stry phone number for North Carolina candidates.
Nurse Aide Registry Check called on: Nurse Aide Registry Check returned:	Yes
LICENSE CHECK	
	heir current professional license. Verify credentials online to ensure current ent must be printed and placed in their personnel file along with a copy of the
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 & annuall	<u>y</u>
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 TRAININ	G PROVIDER IN GOOD STANDING WITH CMS:
Verification to ensure source of training Date Performed:	
Office of Inspector General (OIG) System for Award Management (SAM) OTHER:	https://oig.hhs.gov/exclusions
Signature/Title of Staff conducting screen	ning
**** Attach printouts to this form & file	e in personnel folder. ****

	**** COMPETENCY GUIDELINES					
Do not Provide this page to Applicant						
Pre-Hi	re Home Health AIDE Read/Write/Report Competency					
	Signal Health Group of Raleigh					
☐ SECTION A	** Ask the Applicant to fill in the following 4 lines.					
writing ability						
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 eve	ry week on Monday and Thursday. Mary's plan of care includes assist with					
	orting all skin changes to the nurse. One day you go to her home and find					
	nd 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	** Ask the applicant the following 2 questions &					
ability to verbally report clinical	record the answers:					
changes	***** Here we are testing the applicants ability to complete the process of					
	verbally reporting clinical changes					
* .1 .1.	*** must be able to verbally report clinical changes for hire.					
Is there anything you need to	you are looking for the applicant to answer- open cut on leg					
report about Mary:						
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. U						
Section B Score: 1. Able to read 2. U	•					
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 OF RALEIGH

EMPLOYMENT OFFER LETTER (Conditional Employment)

DATE:	-				
RE: CONDITIONAL JOB OFFER FOR	R:				
I am pleased to offer you a condition Health Group of Raleigh.	al position as				_ with Signal
This offer is conditional, pending the	e results/retur	n of:			
Criminal History Check					
Reference Checks (2 required	d)				
You may begin our Agency Orientati items above have returned and they	-		-		
You will begin your conditional	full-time	part-time	per di	iem or sa	alary
position on					·
Your employment location is:					
Your salary offer for this position is	\$	po	er year	per hour	per visit
Pay Date: 15 th of the month for servi	ces 16 th to 30 th	or 31 st			
30 th of the month for servi	ces 1 st to 15 th				
Benefits are not currently offered as we are prepared to begin offering a l Administrator for other benefit infor	benefit packag				-
Sincerely,					
Signal Health Group of Rale	eigh Representat	ive		Date	
Offer accepted by:					
Employee				Date	

SIGNAL HEALTH GROUP OF RALEIGH

EMPLOYMENT OFFER LETTER (Permanent Employment)

DATE:					
RE: JOB OFFER FOR: _					
I am pleased to offer yo	u a position as _			with	Signal Health
Group of Raleigh.					
You will begin your	full-time	part-time	per diem	or salary	
position on					·
Your employment locat	ion is:				
Your salary offer for thi	s position is \$		per year	per hour	per visit
Pay Date: 15 th of the mo	nth for services	16 th to 30 th or 31 ^s	t		
30 th of the mo	nth for services	1 st to 15 th			
Benefits are not current we are prepared to begi Administrator for other	n offering a ben	efit package. Co	_		_
Administrator for other	ochem miorma	uon.			
Sincerely,					
Signal Health Group of Raleigh Representative				Date	
Offer accepted by:					
Employee				Date	