

SUPPLEMENTAL STAFF AND STUDENT CHECKLIST - Addendum A/B

SUPPLEMENTAL STAFF MEMBER'S NAME _____

EMPLOYER/SCHOOL _____

EMPLOYER/SCHOOL CONTACT NAME _____

EMPLOYER/SCHOOL PHONE NUMBER _____

DEPARTMENT WHERE ASSIGNED _____

JOB TITLE _____

I HEREBY ATTEST I WILL SUBMIT THE FOLLOWING DOUCMENTS TO NEW ORLEANS EAST HOSPITAL HUMAN RESOURCES WITHIN 30 MINUTES DURING NORMAL BUSINESS HOURS IF REQUESTED BY THE HOSPITAL'S ADMINISTRATION:

- Application for employment*
- I-9 Citizenship Validation*
- Criminal background check free of conviction(s) or pending charges/warrants for crimes of violence, or felonies. Non-licensed staff must be process through LA State Police.
- Education verification as required by job description*
- 5-Panel (or greater) drug screen indicating negative results completed within the past 12 months
- Evidence of General Liability & Malpractice Insurance with a minimum coverage of ONE MILLION DOLLARS (\$1,000,000.00) for each occurrence and THREE MILLION DOLLARS (\$3,000,000.00) in aggregate. In addition if providing patient care must be qualified via the Louisiana Patient Compensation Fund or maintain equivalent coverage. See policy statement regarding insurance coverage. All Advanced Practitioners must provide proof of participation in the Patient Compensation Fund. If student must have coverage per affiliation agreement.*
- Evidence of Workers' Compensation Insurance Coverage. New Orleans East Hospital requires contractors to carry ONE MILLON DOLLARS/ONE MILLION DOLLARS/ONE MILLON DOLLARS Employers Liability – Part Two. See schedule listed below:

<http://www.legis.la.gov/Legis/law.aspx?d=83530>

<http://www.legis.la.gov/Legis/law.aspx?d=83392>

<http://www.legis.la.gov/Legis/law.aspx?d=83395>

CERTIFICATE SHOULD LIST NEW ORLEANS EAST HOSPITAL AS THE CERTIFICATE HOLDER. *

I HEREBY AGREE TO PROVIDE THE FOLLOWING REQUIRED RECORDS LISTED BELOW TO NEW ORLEANS EAST HOSPITAL HUMAN RESOURCES BEFORE THE STAFF MEMBER ABOVE IS PERMITTED TO WORK:

- Signed job description*
- Copies of job-required certification documents (i.e. BLS, ACLS, PALS, CPI)
- Primary source verification of job-required licensure*
- Photo ID issued by federal, state or local government

***Students are not required to have these documents.**



I HEREBY AGREE TO PROVIDE THE FOLLOWING REQUIRED RECORDS LISTED BELOW TO NEW ORLEANS EAST HOSPITAL EMPLOYEE HEALTH BEFORE THE STAFF MEMBER ABOVE IS PERMITTED TO WORK:

- Health Screening completed within the past 12 months stating individual is healthy, free of communicable disease and physically capable of performing requirements of the position (or complete Employee Health Pre-placement Questionnaire).
- MMR Immunization Records: 2 MMR injections, or Titer that show immunity for measles, mumps and rubella.
- Varicella Immunization Records, 2 Varicella Injections, or Titer that shows immunity. History of chicken pox not acceptable.
- Hepatitis Titer or documentation series in progress with dates of completion, or signed Declination Form
- Annual TB Screening completed within the past 12 months with documented negative results from prior Annual TB Screening.
- Seasonal Flu Vaccine completed within the past 12 months (if declined surgical mask must be worn at all times).

Signature of Company Official **Job Title**

Printed Name of Company Official **Date**

EMAIL SIGNED FORM TO Shanel.Wilson@LCMCHealth.org

HUMAN RESOURCES WILL GENERATE THE FOLLOWING FOR NOEH PERSONNEL FILE:

- Data Sheet (general and emergency contact information)
- Confidentiality agreement (HIPAA) signed
- Code of Conduct acknowledgement signed
- Computer Access Form completed
- Initial and Annual Performance Review(s)*
- Initial and Annual Competencies*
- OIG check showing individual is not excluded from Federal health programs or Office of Inspector General and is not excluded on the State’s Direct Service Worker (DSW) list. (<https://exclusions.oig.hhs.gov/Default.aspx>)*
- Review of non-employee general orientation information. (Viewed electronically for students).
- ID# (90XXX or NXXX)

***Students are not required to have these documents.**

HR REPRESENTATIVE SIGNATURE **DATE**

** Reference Policy HR 105: Supplemental Staff (including Agency and Contract Employees) **