



NURSING EMPLOYMENT DOCUMENTATION INSTRUCTIONS

Welcome to GHR! We look forward to working with you. Please find the enclosed documents grouped into sections for your convenience: "REVIEW & RETAIN" on the left-hand side and "COMPLETE & RETURN" on the right-hand side. Both sections are described for you below. You can also visit GHR's website @ www.ghresources.com and create an Account and Profile, which will give you access to all of our forms and the reading materials associated with them.

REVIEW & RETAIN: REFERENCE MATERIAL

The information in this section is for you to read, understand, and retain for your records.

GHR's Field Employee Handbook: information about GHR including; employment policies, employment benefits, assignment protocols, and payroll policies.

Job Description: a brief description of some of the position's responsibilities, requirements, working conditions, and physical demands; if there isn't a job description included in your packet, please contact the Credentialing Department immediately at 800-879-4471.

HIPAA Pamphlet: an introduction to confidentiality and privacy under HIPAA.

National Patient Safety Goals: Patient safety goals for the current year issued by the Joint Commission.

Vaccination Recommendations: for healthcare workers; mandatory for hospital settings.

Blank Timecard: GHR timecard; make copies for you to use when working a shift for GHR.

COMPLETE & RETURN

This section consists of a credentialing checklist and all of the forms you will need to complete and send back. You can fax this paperwork to the office @ 888-701-2089 or send it in the mail; we have enclosed a self-addressed, no postage necessary envelope for your convenience.

***Application:** please complete *all* sections, **date and sign**; resumes can replace the Education and Employment History sections only.

***Reference Forms:** you'll need to provide 3 or more work-related professional references (personal references will not be accepted); please fill out the Applicant Section of the 3 Reference Forms included in the packet.

I-9 Form: please review the instructions and complete Section 1, sign and date the form. You must also submit documentation to support the I9 form: you must submit 1 piece of valid ID from list A, **OR** 1 piece of valid ID from list B and 1 piece of valid ID from list C. The back of the I-9 form lists several items that can be used as valid ID.

W-4 Form: please make sure to complete all information requested on the front of the form, sign and date it.

Additional Tax Docs: if your state requires any additional tax forms, they will be included in your packet. Please complete all information requested on the form, sign and date it.

***EEO Status Form:** this form is based on the equal opportunity laws put in place by the government. The purpose of this form and its use are stated on the form. Make sure you complete the entire form.

***Release of Information Form:** this form gives GHR permission to run background check(s) on you for employment purposes only. If your state has any other requirements for background checks the proper documents will also be included.

***Field Employee Handbook Acknowledgement:** after reading the entire handbook found on the left-hand side of the folder, sign the Acknowledgement Form indicating that you understand the information covered in it.

***Job Description – Statement of Understanding:** after reading the job description found on the left-hand side of the folder, sign the Acknowledgement Form indicating that you understand the information covered in it.

***National Provider Identifier Form:** supply us with your assigned NPI number; if you have not applied for one, complete the form and we will set you up with one.

Physical Form: the physical you submit must have been done within the last year. Please have the physician sign the form where indicated. Make sure the date of the physical is listed. If you already have a current physical, you may submit that, but it must have a legible physician's signature along with the date of the examination; the form must state that you are fit to perform the duties your position requires.

Mantoux PPD Test: you must submit a current PPD or negative Chest X-Ray and current TB Survey. If submitting a PPD, you will be required to submit proof of a past two-step along with your current one-step and a one-step for every year since the two-step. If you have never had a two-step PPD, you must have one done and submit it as your current PPD. Please make sure the administering party completes all the requested information. If you have tested (+) in the past, you may send in your chest x-ray report and a completed and signed TB survey for the PPD; chest x-ray is to be completed every 5 years. If you are pregnant and choose to defer the TB test for the duration of your pregnancy please contact the Credentialing Department and ask for the Tuberculosis Skin Test Deferral Form.

***TB Survey:** this form asks if you have experienced or are currently experiencing any of the listed TB symptoms. You only need to submit this form if submitting a chest x-ray. It is to be filled out yearly.

***Hepatitis B Certificate of Intent:** there are three options you have to choose from:

Sign and date the first paragraph if:

- You do not wish to receive the Hepatitis B vaccination at this time, or
- You have had the Hepatitis B vaccination but cannot locate documentation supporting this.

Sign the second paragraph if:

- You have received the Hepatitis B vaccination within the past 10 years and have documentation to support this.
- You have had a titer within the past year reflecting that you have the antibodies.

If you sign the second paragraph, you must submit the supporting documentation.

Sign and dates the third paragraph if:

- If you wish to receive the Hepatitis B vaccination at no charge.

If you sign the third paragraph, you are responsible for the initial payment of the series.

Reimbursement will be given when: you submit documentation showing that the series was completed within mandatory time intervals, which include initial dose & boosters @ 1 and 6 months, and; you work 6 months for GHR following the date the last booster was given, and; you submit valid receipt for Hep B series.

***OSHA Test:** please refer to the OSHA In-service Reference Material located on the footer of our website at www.ghresources.com. Complete and return the test. GHR requires an 80% score or higher for each section. You will be contacted for a re-test if you do not meet this requirement.

***National Patient Safety Goals Acknowledgement (NPSG):** after reading the National Patient Safety Goals found on the left-hand side of the folder, sign the Acknowledgement Form indicating that you understand the information covered in it. The NPSG expire on January 1st of each year.

***Skills Checklist:** you can complete and return the skills checklist included in your packet, complete it through GHR's website or through <http://nt.prophecyhealth.com/nurse>; your username and password is in the letter included with this package. If there isn't a skills checklist included in your packet and you are not set up for one on <http://nt.prophecyhealth.com/nurse>, please complete it through GHR's website or contact the Credentialing Department immediately at 800-879-4471. Skills checklists are updated every other year.

Med Test: for professionals only. The Med Test (or Pharmacology Test) is to be complete on-line through <http://nt.prophecyhealth.com/nurse>; your username and password is in the letter included with this package.

Competency Test: this is to be complete on-line through <http://nt.prophecyhealth.com/nurse>; your username and password is in the letter included with this package.

In addition to the above, you *must* also submit the following documents:

Professional License or Certification: you must submit a copy of your current license/certification. Please submit the large, display version of your license upon hire. Make sure the copy shows clearly the license/certification number, expiration date, and signatures.

Current CPR Certification (professionals only): you must submit a copy of your current CPR Certification. Please submit a copy of the front and back of your certification card. Please make sure it lists the class date and expiration date; if it does not list an expiration date, it must show how long the issuance is good for. Places to contact for classes include local: YMCA, hospitals, and firehouse. You can also log-on to www.americanheart.org or www.redcross.org to find a class near you. To get re-certified on-line, log onto www.cprtoday.com (re-certs from CPR Today are not accepted everywhere). GHR also holds re-certification classes; contact your Credentialing Specialist for the date of the next class.

Resume: you must also submit a current resume.

HOSPITAL SETTINGS

Your packet will also include the following forms. If you are going to work in a hospital setting you will be required to submit this paperwork, otherwise it is optional:

Drug Screen Information: it is now mandatory that anyone working in a hospital setting through GHR will be required to complete a drug screen. This form informs you of where you can go to be drug tested at no cost to you.

MMR and Varicella Vaccination/Titer Form: this form informs you of the documentation you are required to submit.

***Influenza Vaccination Form:** there are two options you have to choose from:

Sign and date the first paragraph if:

- You do not wish to receive the yearly Influenza vaccination, or
- You have had the Influenza vaccination but cannot locate documentation supporting this.

Sign the second paragraph if:

- You have received the influenza vaccination yearly and have documentation to support this
- If you sign the second paragraph, you must submit the supporting documentation yearly.*

OPTIONAL DOCUMENTS: these documents are not required but are strongly recommended.

Direct Deposit Form: this is optional depending on whether you'd like to have your pay automatically deposited into the account of your choice. GHR does recommend using direct deposit. If you do sign-up for a direct deposit account, you must fill out a direct deposit form, and submit it with a voided check (for checking account) or bank statement (for savings account). It usually takes two (2) pay periods for the account to be active; until it does, you will receive a live check. Again, we highly recommend signing up for direct deposit...live checks can be delayed due to the mail system, which GHR has no control over.

***Referral Bonus Form:** please complete and return.

If you have any questions on any of the paperwork, please do not hesitate to call the office (800-879-4471); any Credentialing Specialist can help answer any questions you may have.

*These forms can be completed on GHR's website at www.ghrsources.com. For instructions, please see the APPLYING ON-LINE instructions that follow.