Wheaton Franciscan Healthcare
NURSING AGENCY STAFF CREDENTIALING CHECKLIST

Agency Name: ____________________________________________
Employee: ________________________________________________

☐ Agency Contract (if applicable)

Profile information:
☐ Skills Checklist with verified competencies
☐ Resume or work history
☐ References *(Pertaining to AREA OF SPECIALTY)

Certifications:
☐ License Verification: Copy of primary source verification  Expiration Date: ____________________
☐ Copy of CPR Expiration Date: ________ ACLS (if applicable) Expiration Date: ______________
☐ PALS (if applicable) Expiration Date: ______________
☐ NRP (if applicable) Expiration Date: ______________
☐ Iowa Mandatory Reporter Class-Dependent Adult and Child Expiration Date: ______________

Background Checks:
☐ Copy of Office of Inspector General (OIG) Background Check
☐ Copy of Excluded Parties List System (EPLS) Summary Page
☐ Copy of Criminal Justice Background check
☐ Copy of Iowa Dept of Health and Family Services Background Check
☐ Out of State Background Check if lived outside of Iowa during past 3 years
☐ Background Information Disclosure From (BID)

Education Information:
☐ OSHA Expiration Date: ______________
☐ HIPAA Education Expiration Date: ______________
☐ Population Specific Competency
☐ Agency Test- if applicable (M/S, ICU, Tele, ED, L/D, M/B or Psych)
☐ Med Test (if applicable)

Medical Information:
☐ Copy of 10-panel Drug Screen
☐ MD/NP/PA Documentation of Physical Exam – Free from Communicable Diseases done within 4 years
  (Please Note: A new health assessment must be done every 4 years)
☐ Mantoux TB Skin Test Within Last 12 Months or Negative Chest X-ray Report
☐ Positive Rubella Titer or Documented Dose (1) of Live Virus Vaccine After the 1st Birthday
☐ Positive Rubeola Titer or Documented Doses (2) of Live Virus Vaccine After the 1st Birthday
☐ Positive Mumps Titer or Documented Doses (2) of Live Virus Vaccine After the 1st Birthday
☐ Varicella Disease History, Positive Titer, or Written Declination
☐ Hepatitis B Refusal/Signed Waiver or Vaccine History (3 Doses)
☐ Seasonal Influenza Vaccine Documented within the last 12 months OR a completed Declination Form

WHEATON FRANCISCAN HEALTHCARE INTERNAL USE ONLY
☐ Referred Agency to WFH Web Site for Orientation Materials
☐ Orientation Checklist
☐ Expectations for the Journey Commitment Statement
☐ Statement of Confidentiality
☐ Unit Orientation and Competency Form
☐ Wheaton Franciscan Healthcare Agency Staff Evaluation
☐ Computer/Security Request submitted