



# INDEPENDENT CONTRACTOR REGISTRATION LOG



## PERSONAL INFORMATION

First Name	Middle Name	Last Name
Telephone #	Alternate Telephone #	Email Address
<input type="checkbox"/> Download HHA Exchange App	<input type="checkbox"/> Paid by SS #	<input type="checkbox"/> Paid by EIN #

## CONTRACTOR REQUIRMENTS

<input type="checkbox"/> <b>Home Health Aide Certificate</b> *	<input type="checkbox"/> <b>CNA License</b> *	<input type="checkbox"/> <b>RN License</b> *
<input type="checkbox"/> Course Transcript- <b>Preferred</b>	<input type="checkbox"/> C N A Validation	<input type="checkbox"/> RN Validation
<input type="checkbox"/> Home Health Aide Badge- <b>PB County</b>	<input type="checkbox"/> Course Transcript- <b>Preferred</b>	<input type="checkbox"/> N/A
<input type="checkbox"/> Home Health Aide (Post-Secondary)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> Background II	<input type="checkbox"/> Background II	<input type="checkbox"/> Background II
<input type="checkbox"/> DOEA Background	<input type="checkbox"/> DOEA Background	<input type="checkbox"/> DOEA Background
<input type="checkbox"/> Letter of Recommendation	<input type="checkbox"/> Letter of Recommendation	<input type="checkbox"/> N/A
<input type="checkbox"/> Health Statement (-6 Months) "Free of Communicable Diseases" *	<input type="checkbox"/> Health Statement (-6 Months) "Free of Communicable Diseases" *	<input type="checkbox"/> Health Statement (-6 Months) * "Free of Communicable Diseases"
<input type="checkbox"/> CPR – BLS ( <b>American Red Cross</b> ) or ( <b>American Heart Association</b> ) *	<input type="checkbox"/> CPR – BLS ( <b>American Red Cross</b> ) or ( <b>American Heart Association</b> )*	<input type="checkbox"/> N/A
<input type="checkbox"/> Alzheimer's Certificate *	<input type="checkbox"/> Alzheimer's Certificate*	<input type="checkbox"/> N/A
<input type="checkbox"/> Assistant with Medication *	<input type="checkbox"/> Assistant with Medication *	<input type="checkbox"/> N/A
<input type="checkbox"/> Domestic Violence Certificate *	<input type="checkbox"/> Domestic Violence Certificate *	<input type="checkbox"/> N/A
<input type="checkbox"/> HIV Certificate *	<input type="checkbox"/> HIV Certificate *	<input type="checkbox"/> N/A
<input type="checkbox"/> OSHA Certificate*	<input type="checkbox"/> OSHA Certificate *	<input type="checkbox"/> N/A
<input type="checkbox"/> ADRD Training (1) Hour *	<input type="checkbox"/> ADRD Training (1) Hour*	<input type="checkbox"/> ADRD Training (1) Hour*
<input type="checkbox"/> ADRD Training (2) Hour	<input type="checkbox"/> ADRD Training (2) Hour	<input type="checkbox"/> ADRD Training (2) Hour
<input type="checkbox"/> General Liability Insurance *	<input type="checkbox"/> General Liability Insurance *	<input type="checkbox"/> N/A
<input type="checkbox"/> Social Security Card *	<input type="checkbox"/> Social Security Card *	<input type="checkbox"/> Social Security Card*
<input type="checkbox"/> Company EIN#	<input type="checkbox"/> Company EIN#	<input type="checkbox"/> Company EIN#
<input type="checkbox"/> Driver's License or Identification*	<input type="checkbox"/> Driver's License or Identification*	<input type="checkbox"/> License or Identification*
<input type="checkbox"/> Legal Work Status *	<input type="checkbox"/> Legal Work Status *	<input type="checkbox"/> Legal Work Status *
<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Auto Insurance
<input type="checkbox"/> Auto Registration	<input type="checkbox"/> Auto Registration	<input type="checkbox"/> Auto Registration