



Welcome,

This is a list of items we need to have on file in order to credential you at facilities.

Your packet contains:

- Background Information Disclosure Form
- Two Reference Request Forms (Give these to two people who know you professionally and ask them to return it directly to us via mail or fax)
- RN/LPN Skills Checklist
- TB Skin Test/Mantoux Form (required yearly)
- HIPAA Policy Handbook and HIPAA Self-Test and Acknowledgment Page
- Company Handbook and Acknowledgment Page
- Federal Employment Eligibility Verification Form I - 9
- Federal W-4 Form
- Automatic Direct Deposit Form (Pay stub is emailed to you)
- Optional Personal Liability Insurance. Although Specialty Nurses provides professional liability insurance for you, as required by state law, you may consider getting additional insurance for yourself. If you do want your own insurance, you can go on line to the Nurses Services Organization at: [www.nso.com](http://www.nso.com).

Please return the following items in the self-addressed envelope:

- Completed Background Disclosure Form
- Completed RN/LPN Skills Checklist
- Completed TB Skin Test/Mantoux Form (or your own facilities Form)
- Completed HIPAA Self-Test and Acknowledgment Page signed
- Company Handbook Acknowledgment Page signed
- Completed Federal Employment Eligibility Verification Form I-9 along with a copy of your Driver's License and Social Security Card as required by law
- Completed Federal W-4 Form
- Completed Automatic Direct Deposit Form with a VOIDED CHECK or DEPOSIT SLIP attached (your Pay stub will be emailed to you)
- Completed Medical Insurance Election Form
- Copy of your Immunization Records/titers (Measles, Mumps, Rubella, Hep B, etc.)
- Copy of your RN/LPN License
- Copy of your Certifications: BLS/CPR, ACLS, TNCC, CALS, PALS, NRP, STABLE, Others

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