



ANNUAL EMPLOYEE VERIFICATION

Use this form to validate that each employee is currently credentialed and practicing within their scope of practice. Surveyors will be looking for displayed credentials, employee sign off on company policies and procedures as well as their job description. Surveyors may also ask employees to confirm the information listed below.

Name:		Date:	
Address:			
City:		State:	Zip:
Date Hired:		Credentials:	
License/Credential Information: _____ <i>Date</i>		By: _____ <i>Supervisor</i>	
OIG Clearance Confirmed: _____ <i>Date</i>		By: _____ <i>Supervisor</i>	
☐ I-9		☐ W-4	
☐ Employee confirms he/she has been educated and has access to business policies and procedures within their scope			
☐ Employee confirms he/she has been informed of scope of job description			
☐ Employee confirms he/she has been instructed in Fire and Emergency Protocol and Contingency Plan			

Employee Signature: _____ **Date:** _____