Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discipline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Application for Employment

\_\_\_ Resume/Professional References (3)

\_\_\_ Medical Form

\_\_\_ Hepatitis B Consent / Declination Form

\_\_\_ I-9 Form

\_\_\_ Social Security Card

\_\_\_ Passport

\_\_\_ Driver’s License

\_\_\_ W-4/W-9

\_\_\_ DOH approval

\_\_\_ Corporation Forms (tax ID #)

\_\_\_ Notice and Acknowledgement of Pay Rate

\_\_\_ Certificate/License

\_\_\_ Diploma

\_\_\_ Statewide Central Register Form

\_\_\_Clearance (LEIE, [www.epls.gov](http://www.epls.gov), OMIG)

\_\_\_Drug Abuse Disclaimer/Criminal Record Information Form

\_\_\_NPI #

\_ Malpractice Insurance

\_ WC (for 1099/Corp) or proof of Company ownership

\_\_\_ Provider Information Form

\_\_\_ Orientation Checklist

\_\_\_ Corporate Compliance Policy Receipt

\_\_\_ Code of Conduct /Medicaid Compliance Policy Receipt

\_\_\_ Employment Agreement

\_\_\_ Child Abuse Training

\_\_\_\_Continuing Education training certificates

\_\_\_\_ Notification to NYCDOH DOE employee waiver