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

\_\_\_ Application for Employment

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

\_\_\_ Employment Agreement / Job Description

\_\_\_ Medical Form

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

\_\_\_ I-9 Form

\_\_\_ Social Security Card

\_\_\_ Passport

\_\_\_ Driver’s License

\_\_\_ W-4

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

\_\_\_ Certificate

\_\_\_ Diploma

\_\_\_ Statewide Central Register Form

\_\_\_\_ PETS

\_\_\_SEL check

\_\_\_ Malpractice Insurance

\_\_\_ Provider Information Form

\_\_\_ Orientation Checklist

\_\_\_ Corporate Compliance Policy Receipt

\_\_\_ SEIT Provider Handbook Receipt

\_\_\_Code Of Conduct Policy Receipt

\_\_\_ Employment Agreement

\_\_\_ Child Abuse Training