



**KAISER PERMANENTE®**  
**Registry Personnel File and Orientation Manual Verification/Attestation**  
**Short-Term Supplemental Staff**

Name of Supplemental Staff	
Date	
KP Facility Name/ Location	
Registry Name/ Location	

**Registry Personnel File Attestation:**

\_\_\_\_\_ (Registry Name) attests it has a personnel file for the above named supplemental staff person that is in accordance with the Agreement with Kaiser Permanente and the file includes; a completed application form and skills inventory, a completed High Alert Medication Test, confirmation of primary source verification of license, certifications and registrations, documentation of BCLS, ACLS, PALS and Neonatal Resuscitation (as applicable) and specialty courses, copy of Picture ID, permission to disclose information to KP, confirmation of criminal background check, social security verification and HHS/OIG LEIE , GSA EPLS and OPM/OIG searches, confirmation of 10 panel drug screen, two favorable references, and health screening documentation; including TB testing and Flu Vaccination.

\_\_\_\_\_  
 Registry Staff Person Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Registry Signature

\_\_\_\_\_  
 Title of Registry Staff Person

*\*\*Supplemental Staff person to present hard-copy of (original) license BCLS, ACLS, PALS, NRP, picture ID, signed HIPPA Security and Privacy Attestation Form confirming materials have been read and any other certifications and registrations to KP at the time of first shift. KP shall copy all certifications and registrations and verify they are current.*

**Orientation Manual Verification:**

\_\_\_\_\_ (Supplemental Staff Name) verifies that he/she has read, reviewed, and understood all materials in the KP \_\_\_\_\_ (Medical Center Name) Orientation Manual and agrees to comply with KP policies and procedures. The Orientation Manual addresses but is not limited to the topics below:

- Advance Directives
- Artificial Nails
- Confidentiality including patient privacy (HIPAA)
- Principles of Responsibility KP Code of Conduct
- Dress Code
- Elder, Child, Spousal, Dependent, Domestic Abuse
- Emergency Codes
- Fire & Safety
- Infection Control
- Location, Parking, & Where to Report
- Meals, Dining, Coats/Valuable, Misc.
- Pain Management & Age Specific Guidelines
- Patient Fall Procedure
- Restraints
- Shift Hours

\_\_\_\_\_  
 Supplemental Staff Person Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Supplemental Staff Person

\_\_\_\_\_  
 Registry Staff Person Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Registry Signature

\_\_\_\_\_  
 Title of Registry Staff Person

**Please FAX completed form to appropriate KP Medical Center**