



OFF SITE EVS ORIENTATION REQUIREMENTS - Page 1 of 2

Name of Contracted Personnel _____ **Skill Type** _____

Name of Agency: _____

Items Required	Received Yes	Received No	Renewal/ Expiration Date	Comments
Required credentials Licensure/Certification (See Job Description)- Clinical Personnel - Refer to section II for additional Credential Requirements <ul style="list-style-type: none"> Primary Source License and Verification 				
<ul style="list-style-type: none"> Supportive ID Documentation 				<input type="checkbox"/> Passport <input type="checkbox"/> DL <input type="checkbox"/> State ID
<ul style="list-style-type: none"> Reviewed list of excluded individuals/entities (LEIE) via the online database. http://www.oig.hhs.gov Completed National Sexual Predator/Offender Search Verification http://Offender.fdle.state.fl.us 				
<ul style="list-style-type: none"> Contracting Company Verification of Background check with a minimum of ten year criminal history – Level I , Level II background screen for behavioral health and pediatric areas. 				
<ul style="list-style-type: none"> Contracting Company Verification of negative ten (10) panel Drug Testing (in accordance with Drug Free Workplace Standards) 				
<ul style="list-style-type: none"> Signed Acknowledgement of Job Description 				N/A for contracted vendors
<ul style="list-style-type: none"> Verification of Initial Health screening (free of any communicable diseases) 				
<ul style="list-style-type: none"> Provide proof of completed Mantoux (Also known as Purified Protein Derivative "PPD") test within the past six months and annually thereafter. 				
<ul style="list-style-type: none"> Signed Confidentiality & Data Security Form 				
ORIENTATION REQUIREMENTS				
<ul style="list-style-type: none"> BH Off Site EVS Orientation BH Risk Management General Compliance Module Code of Conduct 				



OFF SITE EVS ORIENTATION REQUIREMENTS - Page 2 of 2

Name of Contracted Personnel _____ **Skill Type** _____

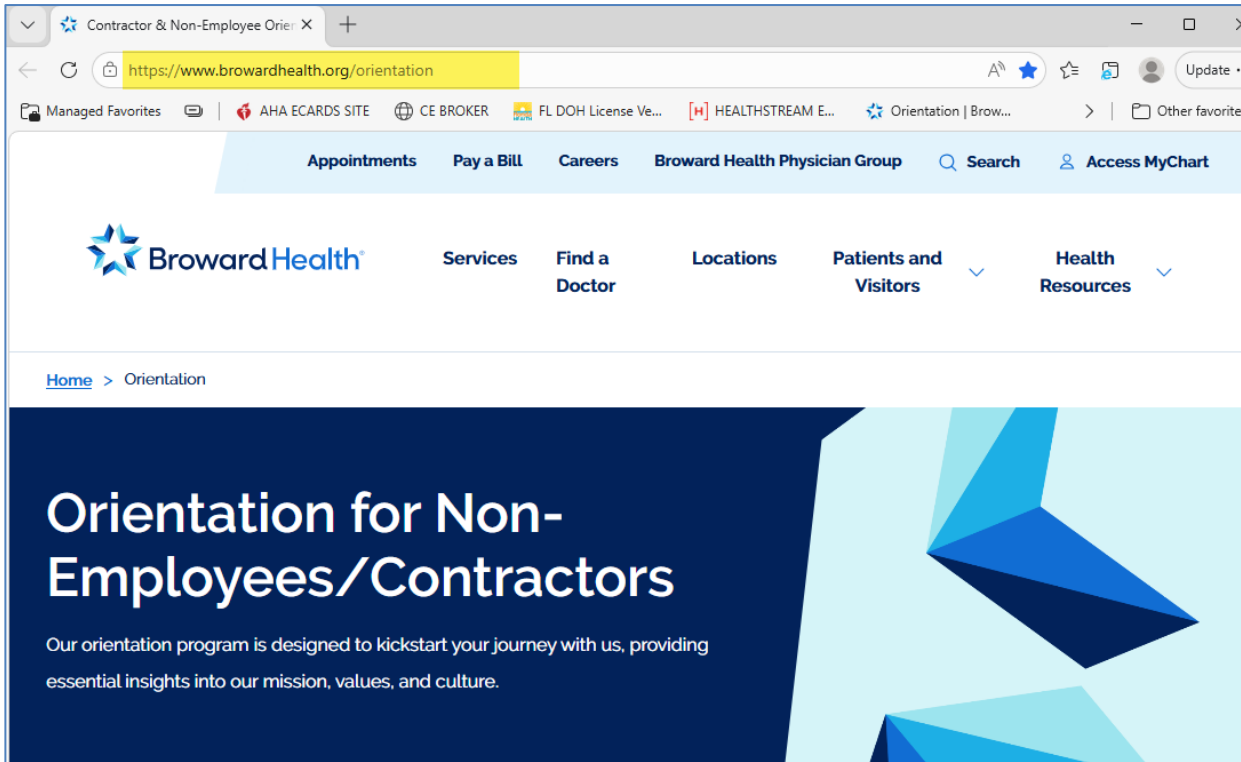
Name of Agency: _____

Items Required	Received Yes	Received No	Renewal/ Expiration Date	Comments
ANNUALS				
<ul style="list-style-type: none"> • Verification of annual Health Screening including PPD 				
<ul style="list-style-type: none"> • Evidence of completion of all Broward Health Annual Updates: <ul style="list-style-type: none"> • BH Off Site EVS Orientation • BH Risk Management • General Compliance Module • Code of Conduct 				

ATTACHMENT B

Step 1: Access the Website

- Go to: www.browardhealth.org/orientation
- Be sure to review the Computer Configuration section prior to starting your orientation requirements



Step 2: Find your Requirements

- Scroll down to "Orientation Requirements" and select the appropriate group to access your required courses.

