

Independent Contractor Caregiver Requirements

Name: _____ D.O.B: _____

Referred By: _____

CHECK ONE CNA Home Health Aide LPN RN

***** Independent Contractor DOCUMENTS REQUIRED *****

- ATLANTIC Registration Form – Date Completed _____
- Level 2 background screening result (If needed, schedule appointment at (800) 528-1358 or online at www.L1enrollment.com) And PROVIDE ORI Number for AHCA licensure/employment: **EAHCA020Z**
- License or HHA Certificate _____
- Drivers License # _____ Exp. Date _____
- Social Security Card or Federal Tax ID # _____
- Professional Liability Insurance (If needed, it can be obtained for \$86.00 www.cmfgroup.com 800-221-4904, or www.nso.com (Date _____))
- Auto Insurance (Date _____)
- CPR certification (Date _____)
- Physical examination to show free and clear of Communicable Diseases & signed by Physician (Date _____)
- Voided check or equivalent with Direct Deposit Request Form
- W-9 IRS Form
- Current Head Shot Photo (can be taken at the office) Upload into Matrix
- ATLANTIC Contractor Agreement Executed (Date _____)
- ATLANTIC Arbitration Agreement Executed (Date _____)
- Attestation of Compliance - AHCA background screening requirements (Date _____)
- Affidavit of Good Moral Character (APD form 1649) (Date _____) your signature must be notarized at your bank or free service at Seacoast Bank, 1100 St Lucie West Blvd, Port St Lucie, FL
- ATLANTIC Representations Form
- Local background check (obtain from the Police Dept or Sheriff's Dept in the city or county where you live) APD
- Auto registration (Date _____) APD
- High School Diploma or GED (Date _____) APD
- In Services /CEU's proof of all APD Training and Continuing Education Units of 12 hours minimum of in-service training each calendar year Date _____. Examples: Dementia Alzheimer's & Related Disorders
 Zero Tolerance Core Competency training (DD& Safety & Health) HIV/Aides Domestic Violence HIPAA Clients Rights Assisting with Self-Medication Communicating w/Cognitively Impaired
 Preventing Medical Errors APD required registration and courses

Administrator Signature _____ Check List Completed by _____ Approved by Administrator _____