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Name of Employee:	Employee No.:
Designation:	Date of joining:

DOCUMENTS	Yes	No	NA	Date Applicable	REMARKS
1. Curriculum Vitae (CV)					
2. Job Description (JD)					
3. Education					
4. Experience					
5. License					
6. Orientation					
6.1 Annual Orientation					
6.2 New-hire Orientation					
6.3 Departmental Orientation					
7. Training					
7.1 BLS / ACLS Certificate					
7.2 Other Training					
8. Evaluation					
8.1 interview Evaluation					
8.2 Probation Evaluation					
8.3 Annual Evaluation (After 1 year)					
8.4 Competency					
8.5 Ongoing Professional Practice Evaluation					
8.6 Focused Professional Practice Evaluation					
9. Privileging					
10. Confidentiality Statement					
11. Medical Health Screening					
12. Primary source verification					
13. Background verification/Reference					

Prepared by: _____

Reviewed by: _____