



## Nursing Pool Checklist

<b>Agency Name:</b>	<b>City:</b>	<b>Date:</b>
<b>10A NCAC 13L Nursing Pool</b>		
<b>Supporting Documentation</b> <i>(submit the documents listed below)</i>		
	<b>Comments</b>	
General & Professional Liability Insurance {.0303}		
Organization Chart {.0301}		
Proof of Premise for Operation (lease) {.0202} {.0204}		
<b>Policies &amp; Procedures</b>	<b>Comments</b>	
Scope of Service {.0301}		
Orientation {.0301}		
Supervision {.0301}		
Personnel Record Content {.0302 (a)(b)}		
In-Service Education (include fire, safety, and universal precautions) {.0301 (a)}		
Employee Training		
Credentialing		
Verification of Skills		
Professional Conduct		
Patient Care {.0301 (a)}		
Reporting of Patient abuse, neglect, or exploitation {.0301 (c)}		
Patient Rights and Privacy		
Criminal Background policy		

**Personnel Record Review** *(submit personnel records with all of the items listed below)*

Required Items	RN	RN	LPN	Caregiver <i>(Optional)</i>
Employee Name				
Job Title				
Date of Hire				
Application or Resume				
License Verification				
Reference Check				