



Contractor's Check-Off List

Name: _____ Date of Birth: _____ Date of Hire _____

The documents listed below must be submitted and accepted by the Administrator prior to any services being performed as an independent contractor of Emerald Coast Companion Services, LLC.

Section 1. Proof of Eligibility

- Employment Application
- Documentation of Education - Diploma College Transcript
- Resume
- Three (3) Employment References

Section 2. Personal Documents

- Social Security Card
- Professional License (if applicable) Profession: _____ Expiration Date: _____
- W-9 Form
- I-9 Form with required documentation
- Driver's License Expiration Date: _____
- Driver's Record Expiration Date: _____ Required Every 3 years
- Vehicle Registration Expiration Date: _____
- Vehicle Insurance Expiration Date: _____

Section 3. Contract Requirements

- Attestation of Good Moral Character
- Level 2 Background Check Expiration Date: _____
- Local Law Enforcement Background Check (Must be in the county you live in)
- Privacy Policy Acknowledgement Form

Section 4. ECCS Requirements

- Independent Contractor Agreement
- 4 Policy Sign-off (update annually)
- Handbook Receipt sign-off
- HCBS PNP sign-off (WCH only)
- Disaster Plan sign-off

Section 5. Training

- Direct Core Competencies – **Once** Completion Date: _____
- Zero Tolerance – **Every 3 years** Completion Date: _____ Expiration Date: _____
- HIPPA – **Annual** Completion Date: _____ Expiration Date: _____
- HIV/BBP - **Annual** Completion Date: _____ Expiration Date: _____
- CPR/Basic First Aid – **Every 2 years** Completion Date: _____ Expiration Date: _____

- Basic Medication Administration Training Initial Training **Completion Date:** _____
- Basic Medication Administration Skills Validation **Effective Date:** _____

Must be re-validated annually before the current expiration date which is based on the month and day of the effective date. The expiration year is one year past the current certificate's expiration year.