



# ORIENTATION CHECKLIST

Complete upon First day of employment.

**EMPLOYEE** \*Please Initial ALL Boxes\*

Initials

	Completed New Hire packet returned to corporate via United Parcel Service * I-9 Form and supporting documents must be received prior to or on your first day of work
	Handbook reviewed. (acknowledgment and electronic signature completed)
	Required personal documents (professional license, TB skin test, criminal history check, and Hepatitis B Consent Form)
	New Employee Training
	Compliance Training Materials and Test

**Introduction to the facility:**

	Therapy & Facility staff
	Admin./Nursing interrelationship with rehab staff
	Emergency Procedures

**Documentation Checklist:**

	Screens (quarterly, admit/readmit, falls, weight loss, and referrals)
	Physician orders (initial eval, clarification/recerts, and discharges)
	Therapy cap procedures
	Restorative nursing training and documentation

	Verification of Insurance/Verification Code	Applicable <u>ONLY</u> to Agency Facilities
	Authorization for Rehab Services (AOB)	
	Therapist Credentialing	

**SMART training:**

	Admitting, readmitting, and discharging patients from SMART
	Entering daily treatments (including withholds and refusals) and notes
	Entering 10th visit Progress Reports
	Documentation in SMART (evaluations, recertifications, and discharges)
	Labor entry and PTO requests
	G-Code/Functional Limitations Training
	Printing reports and filing to hard chart

**Company policies and procedures:**

	Introduction to company: Corporate staff, philosophy, mission
	Chain of command
	Performance expectations, productivity
	Treatment coverage
	Safety Precautions

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date