

**Your Small Provider Agency (EOR)  
Employee Credentialing  
(BINDER C)**

Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Employee Document	Date Received	Initials	Expiration	Date Updated
High School or College Diploma (Transcript Required)				
<b>Initial-Orientation</b>				
CPR/First Aid Certificate <i>(2-years)</i>				
Alternatives to Restrictive Interventions Certificate				
Medication Administration Certificate <i>(if passing meds)</i>				
Blood Borne Pathogens Certificate <i>(EOR Form)</i>				
HIPPA and Confidentiality Certificate <i>(EOR Form)</i>				
<b>New Employee</b> Individual Specific Competencies <i>(EOR Form)</i>				
Individual Rights and Responsibilities <i>(EOR Form)</i>				
New Employee Orientation - <i>(EOR Form/Certificate)</i>				
RADSE Notification - Under 40 hours				
RADSE Approval Letter - Over 40 hours				
<b>Annual</b>				
Alternatives to Restrictive Interventions Certificate				
Medication Administration - <i>if passing meds (EOR Form)</i>				
Blood Borne Pathogens Certificate ) <i>(EOR Form)</i>				
HIPPA and Confidentiality Certificate <i>(EOR Form)</i>				
<b>Annual</b> Individual Specific Competencies <i>(EOR Form)</i>				
Individual Rights and Responsibilities <i>(EOR Form)</i>				
RADSE Notification - <b>Under 40 hours</b>				
RADSE Approval Letter - <b>Over 40 hours</b>				
<b>Bi-Annual</b>				
CPR/First Aid Certificate <i>(bi-annual)</i>				