

HOME HEALTH SPECIALISTS, INC.

NURSING PROFESSIONALS

349 WEST STATE STREET

MEDIA, PA 19063

(610) 566-2700 • FAX: (610) 892-9032 • 1-888-566-1406

www.HHSRN.com

Personnel File Requirements

Please provide the following information to the nursing supervisor after you have completed your application;

- Photo I.D.*
- Social Security Card or other proof of citizenship*
- Child Abuse Clearance*
- FBI Clearance (When applying register under Education and Department of Public Welfare)*
- Automobile Insurance*
- Hepatitis - B Vaccine Acknowledgment Form*
- CPR Card*
- Health Exam/PPD Results*
- Nursing License*
- Malpractice Insurance (We urge all nurses to carry malpractice insurance) if you currently do not have insurance there are several listed in the nursing journals like Nurses Services Organization 1-800-247-1500. This is not a recommendation but an example of the listings you can find in most nursing journals.*
- 2 Professional References*
- Application, Home Care Test*

Please share with your interviewer how you heard about us.

Thank you for your cooperation

Sincerely,



Elizabeth Raiburn, RN, BSN

Director of Professional Services

