



Reputable Home Health Agency  
1730 W. Cameron Ave, Ste 214  
West Covina, CA 91790  
Ph: 626-251-9993  
Email: [Inquiry@reputablehomehealth.com](mailto:Inquiry@reputablehomehealth.com)

Dear Applicant:

Thank you for your interest in working with Reputable Home Health Agency. Please review and complete the attached Application Package for employment consideration. In addition, we request the following documents to be submitted with your completed Application Package.

1. Professional License/Certificate
2. CPR Card
3. Valid State Photo ID
4. Social Security Card
5. Physical Examination
6. TB Test or Chest X-ray
7. Vaccine Records (including Flu & Hep B Series)
8. COVID Test Results and/or Vaccine Record
9. 2 References & Resume

Upon completion of your application package, please contact our office at (626) 251-9993 to schedule an interview appointment with our Administrator.

Thank you!

Reputable Home Health Agency



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## **DRUG AND/OR ALCOHOL SCREENING CONSENT**

I understand that Reputable Home Health Agency is committed to maintaining a drug and alcohol-free work environment for the safety of every patient and employee.

I understand that I may be requested to submit to a drug test and/or alcohol screening process by supervisor or upper management personnel in the agency if there is any complaint or suspicion regarding whether I am under the influence of either drugs or alcohol.

I understand that I may be requested to submit to a drug and/or alcohol screening process as part of a random sample drug and/or alcohol screening process among agency personnel.

I do hereby authorize the physician, clinical, laboratory or medical facility designated by the Agency to collect urine and/or blood samples for alcohol and drug screening if requested by the Agency.

I understand that the results of drug and/or alcohol screening tests will not be considered confidential information by the testing facility and that these results will be discussed with and/or made available to the management staff at Reputable Home Health Agency.

I understand that the results of drug and/or alcohol testing may affect my employment status with Reputable Home Health Agency.

I understand that if I fail to sign this form, I will not be considered for employment with Reputable Home Health Agency.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW**

Reputable Home Health Agency intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living.

With respect to any investigative consumer report from an investigative consumer reporting agency (ICRA), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, [www.disa.com](http://www.disa.com). The company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code Section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosure to third parties caused by mishandling driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history to verify your identity. The ICRA will provide trained

personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.



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## **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled Disclosure Regarding Background Investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Reputable Home Health at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, [www.Disa.com](http://www.Disa.com) and/or Company. I agree that a fax, electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applicants only: You also have the right to request for the consumer reporting agency written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT**

Reputable Home Health Agency may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report if any by contacting the Company.

These reports will be obtained by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, [www.disa.com](http://www.disa.com).

## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Reputable Home Health Agency may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (driving records), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions Inc. 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, [www.disa.com](http://www.disa.com).



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**NOTIFICATION FORM**  
**REGARDING BACKGROUND SCREENING (CONSUMER)**  
**REPORT**

**For Employment Purposes, we may obtain a consumer report and/or an investigative report about you.**

The Fair Credit and Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking adverse action, we will give you a pre adverse action disclosure that includes a copy of the consumer/investigative report about you for employment purposes and authorize all corporations, former employers, educational institutions, law enforcement agents, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name:

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Social Security No.:

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Current Street Address:

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City, State, Zip Code:

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Telephone No.:

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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Applicants Name:  
Applicant's Address:  
Date:

## **PRE-ADVERSE ACTION LETTER**

Dear (Applicant's Name):

You recently authorized Reputable Home Health Agency to obtain consumer reports and/or investigative consumer reports about you from consumer reporting agency. The Company is considering taking action based, in whole or in part, on information in such report(s).

Enclosed please find (1) a copy of the report we obtained from DISA Global Solutions, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041, (800)752-6432, [www.disa.com](http://www.disa.com); (2) A Summary of Your Rights Under the Fair Credit Reporting Act.

If you wish to dispute the accuracy of the information in the report directly with the consumer reporting agency (i.e., the source of the information contained in the report), you should contact the agency identified above.

We will evaluate the information in your report in accordance with applicable law. If you believe that there is additional information that may help us better evaluate your fitness for this position, including evidence of inaccuracy, rehabilitation or mitigating circumstances, please promptly contact us by calling 1-800-752-6432.

If we do not hear from you within 10 business days, we will make our hiring determination based on the information currently available to us. In the event that an adverse employment action is taken based upon information contained in the pre-employment background screen, the company will provide you notice of such action.

Sincerely,

Reputable Home Health Agency

Enclosures: A Summary of Your Rights Under the FCRA  
Consumer Report





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## **EMPLOYEE FOLDER CHECKLIST**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Position: LVN

### **APPLICATION PACKET:**

#### **TAB #1: EMPLOYEE APPLICATION**

- Employee Folder Checklist
- Employment Application
- Employment Verification (2)
- Applicant Questionnaire
- List of Modalities
- AWSI Disclosure and Authorization Background Screening (Consumer Report)
- Notification Form Regarding Background Screening (Consumer Report)
  - Criminal Background Check Results
- Drug and/or Alcohol Screening Consent
- Resume
- Professional License Verification-  RN  LVN  CHHA  Other  N/A
- CPR Certification
- Continuing Education/ Certificates

#### **TAB #2: POLICY ATTESTATION**

- Employee Acknowledgement of Policies***
  - Employee Acknowledgement of Probation
  - Clinical Note Policy
  - Zero Tolerance Policy
  - Computer and Information Consent Statement
  - Password Policy
  - Confidentiality and Non-Disclosure Agreement
  - Conflict of Interest
  - Employee Grievance Procedure
  - Mandatory Reporting of Child and/or Elder Abuse
  - Patient/Agency Information Confidentiality Statement
  - Safety Policy and Procedure

- Sexual Abuse Policy
- Telephone/Transportation/Scheduling
- Universal Precautions

**TAB #3: JOB DESCRIPTION & ORIENTATION**

- Job Description
- Position Qualifications
- Personnel Orientation Checklist
- Abandonment of Patients (if applicable)
- Reinforcement of LVN Practice Acct For: (if applicable)
- Employee Acknowledgement of Training on Infection/exposure Control
- Compliance Certifications
- Statement of Completion of Orientation

**TAB #4: SKILLS VALIDATION**

- Competency Skills Checklist
- SN
  - Initial Competency Assessment Skills checklist for the RN/LVN
  - Annual Competency Assessment Skills Checklist for the RN/LVN

- CHHA
  - Skill and Experience Inventory for the CHHA (if applicable)

- Performance Evaluations & Observations

- Competencies:
  - LVN Exam
  - Post-Tests (5)

**TAB #5: PERSONAL EMERGENCY CONTACT INFORMATION, AUTHORIZATIONS, MEMOS & REQUESTS**

- Payroll Action Form
- Employee Emergency Contact Information
- Agreement between Agency and Employee
- NorGUARD Ins. Co. Employee Acknowledgement
- NorGUARD Ins. Co. Predesignating of Personal Physician (optional)
- Memos
- Requests:
  - Vacation
  - Sick Time
  - Overtime
  - MSC.

**TAB #6: PERSONNEL RECORD AUDIT TOOL**

- Upon Hire
- Annually

**CONFIDENTIAL FILE:**

- Health Information:
  - Physical Examination-1 year
- TB Test/Results-1 year
- Chest X-Ray Report-every 5 years (if applicable)
- TB Screening Questionnaire (if applicable)
  - Upon Hire
  - Annually
- Hepatitis B Vaccination Series Acknowledgement/Consent/Declination
- Declination of Influenza Vaccination
- W-4 Form (Employee's Withholding Allowance Certificate)



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Date: \_\_\_\_\_

## **EMPLOYMENT APPLICATION**

### **PERSONAL INFORMATION:**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

### **EMPLOYMENT AVAILABILITY**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Days of the week available:

Shifts available (specify time bracket):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restrictions regarding availability (if any) \_\_\_\_\_

Are you currently employed?

Yes  No

Name of Company/Agency Currently Employed By:

\_\_\_\_\_



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Do you plan to continue employment there?

Yes  No  Undecided

### INITIAL BACKGROUND CHECK

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

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Has your nursing license or CHHA certificate ever been suspended or revoked?  Yes  No

If yes, please explain:

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Are you willing to be fingerprinted and complete all processes related to criminal background check?  Yes  No

If no, please explain:

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If hired, do you give permission to representative of the federal and/or state government or others to conduct a review of this agency to review your personnel file including your medical file?

Yes  No



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If hired, you are required to submit the following documents as applicable to the position you're hired for:  Yes  No

Copy of current RN/LVN License or CHHA Certificate

Copy of current CPR Card/Certificate

Copy of current Health Examination (completed within 6 months prior or within 2 weeks after hire).

I-9 Information/Requirements

Work Permit (if applicable)

Copy of current Photo ID

Employment References

Others, as required

If hired, are you willing to provide all applicable information/documents and keep such information current?  Yes  No

**EDUCATION BACKGROUND**

<u>Type of School</u>	<u>Name of School &amp; Address</u>	<u>No. Years Completed</u>	<u>Major or Degree</u>
<u>High School</u>			
<u>College, Bus., or Trade School</u>			
<u>Professional School</u>			
<u>Other</u>			

**EMPLOYMENT BACKGROUND**

Name of Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_



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Telephone No: \_\_\_\_\_ Previous Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Previous Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No



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**PLEASE LIST 2 REFERENCES OTHER THAN RELATIVES**

<b>Name</b>		<b>Name</b>	
<b>Company Name</b>		<b>Company Name</b>	
<b>Position</b>		<b>Position</b>	
<b>Telephone Number</b>		<b>Telephone Number</b>	

**AUTHORIZATION**

**“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if hired, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I authorize the references and employers listed above to give you any and all information concerning my current or previous employment including any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws, except for the representatives of government agencies and other legally authorized officers for the purpose of reviewing compliance of Reputable Home Health, with regulatory requirements to review my records for such purpose only.”**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**INTERVIEW REMARKS:**

Appears to have sympathetic attitude towards the care of the sick:  Yes  No  
 Appears to have the ability to read, write and carry out directions:  Yes  No





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Appears to have maturity & ability to deal effectively with the demands of the job:  Yes  No

Appears to have maturity and ability to deal effectively with the demands of the job:  Yes  No

Clean and neat in appearance:  Yes  No

Appears professional and appropriate during interview:  Yes  No

Use this space to add any additional information pertaining to the applicant's qualification on the position applied for:

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Hired?  Yes  No

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

PAF Submitted to Accounting Dept?  Yes  No



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## **APPLICANT QUESTIONNAIRE**

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

1. Are you telephone accessible?

- YES
- NO

2. Do you have reliable transportation?

- YES
- NO

2A. If the assignment you are applying for involves driving a motor vehicle: will you release your driving record (MVR) to us for review?

- YES
- NO

2B. (If for a driving assignment) Do you have your own vehicle?

- YES
- NO

2C. (If the answer to #2B is yes) Will you provide us your personal automobile insurance policy identification card?

- Yes
- No

3. Do you have your I-9 (work status) information?

- YES
- NO

4. What job(s) are you applying for?

\_\_\_\_\_

5. In what geographical areas are you willing to work?

\_\_\_\_\_

6. What is your expected rate of pay?

\_\_\_\_\_

7. Do you have current valid credentials, licenses and permits (as necessary) to fill the position(s) for which you are applying (Question 4)?

YES  NO

7A. (If answer to #7 is yes) Will you authorize us to verify your credentials with the appropriate authorities?

YES

NO

8. Are you willing to take a drug test according to our policy?

YES

NO

9. Will you release your background information inclusive of criminal records?

YES

NO

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_



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## **EMPLOYMENT VERIFICATION**

To Whom it May Concern:

The person whose signature appears below has applied for a position with our Agency. We kindly request that you verify the information in writing on the space provided for and fax it back to our office at (626) 772-3019 or mail it to the above indicated address. Thank you in advance for your prompt attention to this matter.

### **APPLICANT (Please Complete):**

Name: \_\_\_\_\_  
Last First, M.I.

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

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

*I hereby authorize the release of information requested by Reputable Home Health Agency LLC pertaining to my employment with your company.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **EMPLOYER:**

Position Held: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

Eligible for Rehire?  YES  NO  Still working with Company

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Verified By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_





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**Job Title/Position:** *Licensed Practical/Vocational Nurse*

**Reports to:** *Clinical Supervisor/Nursing Supervisor*

### **JOB DESCRIPTION SUMMARY**

The Licensed Practical/Vocational Nurse is responsible for providing direct patient care under the supervision of a registered nurse. Responsibilities include following the plan of care, providing treatments and working collaboratively with the members of the team to help meet positive patient care outcomes.

### **ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES**

1. Provide direct patient care as defined in California Practice Act.
2. Implements plan of care initiated by the registered nurse.
3. Provides accurate and timely documentation consistent with the plan of care.
4. Assesses and provides patient and family/caregiver education and information pertinent to diagnosis and plan of care
5. Participates in coordination of home health services, appropriately reporting the identified needs for other disciplines (HHA, OT, PT, MSW, ST, Dietician) to the registered nurse and/or Clinical Supervisor/Nursing Supervisor.
6. Uses equipment and supplies effectively and efficiently.
7. Participates in personal and professional growth and development.
8. Performs other duties as assigned by the registered nurse.

The above statements are intended to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job related tasks other than those stated in this description.

## POSITION QUALIFICATIONS

1. Graduate of an accredited practical nurse or vocational nursing program.
2. Has three years nursing experience and, effective January 1, 1998, shall have one-year prior professional nursing experience in Community/home health or medical/surgical experience. Reputable Home Health Agency will train new License Vocational Nurses to uphold our Policy and Procedure standards and will follow through with monitoring and training during the first six to 12 months of employment with the Agency and routinely thereafter.
3. Currently licensed as a practical nurse or licensed vocational nurse in the state of California.
4. Complies with accepted professional standards and practice.
5. Demonstrate good verbal and written communication skills.
6. Must be licensed driver with an automobile that is insured in accordance with California and organization requirements and is in good working order.
7. Possesses and maintains current CPR certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_