

Credential Worksheet Guide

CREDENTIALS	DESCRIPTION OF REQUIREMENTS
VENDOR & COMPANY INFORMATION	
BACKGROUND CHECK & GOVERNMENT WATCH LIST (OIG, EPLS & Medicaid)	A national "criminal" background check and sex offender check will be performed by Green Security annually. A valid driver's license is needed to run these checks. We will not accept an attestation letter from your company. A national government watch list check will also be performed to ensure that the vendor is not on any government watch lists.
GENERAL LIABILITY INSURANCE	An Acord Certificate of Insurance in minimum amounts of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the annual aggregate, or otherwise contracted and approved coverage. Also required Workers' Compensation and Employers' Liability to be provided meeting Statutory Limits and One Million Dollars (\$1,000,000) in Employers' Liability Limits unless you are a sole proprietor.
HARD BADGE	An original photo of Vendor reps head to shoulder on a neutral background is required.
MONTHLY MONITOR (Vendor Representative)	A <i>monthly</i> national government watch list check (OIG, EPLS, & Medicaid). Green Security checks to ensure that the vendor representative is not on any government watch lists. Additional \$25.00 annually per Rep Annually.
MONTHLY MONITOR (Vendor Company)	A <i>monthly</i> national government watch list check (OIG, EPLS, & Medicaid). Green Security checks to ensure that the vendor company is not on any government watch lists. Additional \$25.00 annually per Company Annually.
IMMUNIZATION & SCREENING CREDENTIALS	
EMPLOYEE DRUG TEST	Proof of a negative 5 or 10 panel drug test. A letter from your company or actual drug test results are acceptable. Please ensure your social security number has been censored out or your documentation will be declined.
CDC TB SCREENING	An initial 2 step negative TB skin test or a negative quantitative gold or Tspot, followed annually with the CDC Screening questions.
INFLUENZA	Annual current influenza vaccine which can be administered from August through March. An updated flu vaccine is required each year.
MEASLES, MUMPS & RUBELLA (MMR)	Two doses of MMR vaccine or a blood titer test indicating immunity to Mumps, Measles AND Rubella are required. Vaccination documentation will not expire once requirement is met.
VARICELLA	Two doses of the varicella vaccine or blood titer results indicating your immunity to varicella are required. Vaccination documentation will not expire once requirement is met.

TETANUS, DIPHTHERIA & PERTUSSIS (Tdap)	One dose of the Tdap (tetanus, diphtheria, acellular pertussis) vaccine. This is an adult form of the vaccine aimed at preventing pertussis (whooping cough). Primary vaccination for tetanus, pertussis and diphtheria in childhood is not adequate. Vaccination documentation will not expire one requirement is met.	
HEPATITIS B	Proof of a 3-shot series of vaccinations. Documentation must include a date and clinic contact information. Clinics and/or doctor offices may draw blood to test for positive antibodies. Blood titers must be signed by a physician, NP, PA, or RN for approval.	
TRAINING/COMPETENCY CREDENTIALS		
GENERAL EXPECTATIONS & HOSPITAL SAFETY (POLICIES)	Acknowledgement of the following Facility Health Policy;	
[ADDITIONAL POLICIES]	Acknowledgement of the following Facility Health Policy;	
PRODUCT & SERVICES TRAINING	A list or description of product and/or service training you have received from your company. Please provide a certificate of training or a letter on letterhead signed by your manager or superior.	
HIPAA TRAINING	Proof of HIPAA Privacy Training. HIPAA Training reviews the Health Insurance Portability and Accountability Act (HIPAA), including the implications of related privacy and security rules. Please provide a certificate of training or a letter on letterhead signed by your manager or superior. Resources and training materials are available: http://www.hhs.gov/hipaa/for-professionals/index.html	
BLOODBORNE PATHOGENS	Please provide proof that demonstrates your completion and understanding of Bloodborne Pathogens and their specific dangers as well as behavior that prevents the spread.	
ASEPTIC TECHNIQUE TRAINING	Proof of Aseptic Technique training. This training may be provided by Green Security, your company, or other sources. This training never expires. A completion date is required for all training documentation.	
OR PROTOCOL	Proof of OR Protocol training. This training may be provided by Green Security, your company, or other sources. This training never expires. A completion date is required for all training documentation.	
TISSUE/BONE REPS	Proof of American Association of Tissue Bank Certification.	
TISSUE/BONE REPS	Proof of Company FDA Registration.	
FIRE SAFETY TRAINING	A certificate of completion of training from an accredited institution or a statement from the member's employer they have completed by training.	
CONTRACTOR/COMPETENCY CREDENTIALS		
ELECTRICAL SAFETY TRAINING	A certificate of completion of training from an accredited institution or a statement from the member's employer they have completed by training.	
CERTIFICATIONS, LICENSES & TRAINING	Individual's proof of all trade certifications and licenses.	