



C.H.T. Services, Inc.

2901 Campus Road, Brooklyn, NY 11210
 Phone: (718)874-6226 Ext. 101. Fax: (718) 874-0041
 www: chtservices.com

HR File Checklist

Date: ____/____/____

Applicant Name _____, _____
 (Discipline)

#	x	Documents	On File	Expires
1.		Employment Application		
2		Resume		
3		NY State/City License /Registration/ Certification		
4		Medical with PPD -Symptoms Checklist (If positive) -Declination of Vaccination		
6		Copy of Malpractice Insurance Policy Certificate -1M to 3M		
7		Hepatitis B vaccination (proof of immunization or signed declination form)		
8		National Provider Identification Number(NPI) (Instruction Included)		
9		I-9 or copy of INS Authorization Card (If applicable)		
10		Copy of Social Security Card		
11		Picture ID		
12		Reference Letters (2 professional and 1 personal)		
13		SEL.		
14		State Central Register Form (SCR)		
15		Signed Agreement (W2)/Pay rate -Policy and procedures -W4 -Therapist Reply Form		
16		Signed Agreement (1099) /Pay rate -DOH Letter -Policy and procedures -W9 -Therapist Reply Form		
17		Child Abuse Course		
18		Copy of Training Seminars		
19		HR Orientation Checklist -Policy and Procedure Manual -Code of Conduct		