## **REQUIREMENT CHECKLIST**

Please mark with an X to indicate each item has been submitted to us: □Resume
☐ Skills checklist for specialty area (ER, ICU, Med/Surg, LTC, OBS, etc.)
□ Articles of Incorp OR personal tax declaration (including SIN) + Payroll Declaration Form
$\square$ Liability Insurance Certificate for independent contractors (i.e. RNAO Membership, WeRPN
membership)-ONLY FOR STAFF WITH CORPORATIONS
□2 pieces of Government-issued photo ID
□ Completed Employment Application
□ Proof of registration with the provincial regulatory body (i.e. CNO)
□ Proof of education (Degree, etc.)
□Vulnerable sector check (no older than six months)
☐ Immunization Record ☐TB skin test or Chest Xray (within the last year)
□COVID vaccine -2 Doses for Hospital
□COVID Booster (Mandatory for Long Term Care)
☐ Mask Fit Test (current within the last two years)
□ Direct Deposit (if incorporated, it must be a business account)
☐ Read and Review 911 Nurses GTA Policy and Procedure Manual
□ Complete and Return the Policy and Procedure Quiz
□Competency Quiz for RN, RPN or PSW
$\square$ All Specialty Certifications (ie. Critical Care Course, TNCC, ENCP, ACLS, NRP, Dialysis
Course, etc.).
The documents put be clear and legible when sent electronically. We must be able to read the
information clearly. Blurry documents will not be accepted. PDF files are preferred.
By signing this form, you acknowledge that you have submitted all the documents requested in
the checklist above.
Name:
Sign:
Date: