

DOCUMENTS FOR NURSES FILES

Nurse Name: _____

Position:

Registered Nurse	Licensed Practical Nurse
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Description	Status
Application Date	
Original N.Y.S Registration Certification (Copy for File)	
Nursing School Diploma	
Annual Physical Exam Date	
PPD Exam Date	
Mal-Practice Liability Insurance Expiration	
CPR Recommended Renewal Date	
Fire Safety and Infection Control Certificate	
Social Security Card (UnRestricted)	
Drivers License (Valid)	
Resident Card (Valid)	
Passport (Valid)	
Certificate of Birth (U. S.A)	
Certificate of Naturalization (Original)	
Employment Authorization	
2 Professional References	
1 Personal Reference	
2 Passport Photos	
Resume	
Rev: 03/21/2023	