

## VERIFIED PROFESSIONAL TIER AND CORE REQUIREMENTS

*These must be uploaded in your Verified Professional Account at: [www.hwsverified.com](http://www.hwsverified.com)*

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# Tier 2/3 Core Requirements

## Core Requirements

Type of Credential	Frequency	Description	Completed By
Online in your VPro Account	Annual	<b>Annual Fee</b> Payment is necessary for your file to be reviewed. Payment is made within your account  <i><b>Details:</b> Changing Companies will require a new account.</i>	VPRO / Delegate
	Once	<b>HCA Education Packet</b> – Need to attest online.	VPRO
	Once	<b>Confidentiality and Security Agreement</b> – Need to attest online.	VPRO
	With each annual payment	<b>HealthTrust Agreement</b> – Need to attest online. This is required annually when renewing your payment	VPRO
	Once	<b>Government Issued Photo ID</b> – (ex. driver's license, passport, and visa) must be valid and current. No expired ID's accepted.	VPRO / Delegate
	Once	<b>Badge/Headshot Photo</b> – Clear, frontal headshot with light background. Photo needed for Kiosk badging system.	VPRO / Delegate
	Once	<b>Division Orientation</b> – Need to attest online.	VPRO
	Annual	<b>Mid-America Annual Safety Training</b> – Need to attest online. Required when accessing MidAmerica hospitals.	VPRO
	Once	<b>HCA Attestation</b> – 1. Identify your role type: Review the document carefully. <i>If you can answer yes to options B or C, HealthTrust cannot proceed with your Credentialing.</i> Please contact HealthTrust for next steps. 2. If you hold a license or certificate in any state regardless of your role, list this information.  <i><b>Details:</b> If you hold an active MD/DO, PA, ARNP/NP, DMD/DDS, or any other advanced clinician license, you cannot be credentialed by Verified Professional. Even if you are requesting to provide services at a lower level of practice.</i>	VPRO
Scope of Service	Once	<b>Scope of Service</b> is essentially HCA's job description for your role. This document contains the hospitals minimum qualifications as well as any state regulated requirements. REVIEW THE QUALIFICATIONS AND EXPERIENCE SECTIONS. <b>Please see page 3 for more in-depth details on what is needed for your Scope of Service</b>	VPRO
Role Description	Once	<b>Electronic Form in Portal</b> - Specifically state your role when working in the HCA Healthcare hospitals.	VPRO
Job Description	Once	<b>Job Description</b> – Please provide copy of your official Job Description. Document must include company name/logo, job title, job responsibilities, and qualifications.	VPRO/ Delegate

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Core Requirements Continued

Type of Credential	Frequency	Description	Completed By
<p>Background Check Result Document</p> <p><i>No attestations are accepted</i></p> <p><i>Education is not required Supplier Reps / Managers and Pharmaceutical Reps</i></p>	Once	<p><b>Employment History Verification (2 yrs)</b></p> <ul style="list-style-type: none"> <li>• <u>Must verify all past employment for the previous 2 years through a 3<sup>rd</sup> party background screening, unless specified amount of years of experience are required per the Scope of Service</u> <ul style="list-style-type: none"> <li>• The years must be consecutive</li> </ul> </li> <li>• <u>Must contain relevant employment experience</u> verified if specific experience required on the Scope of Service. (see next page for more details)</li> <li>• <u>Must have current company verification.</u> Must be either verified by a third party or upload a document from your company on logo letterhead with the <i>start date with your current company.</i></li> <li>• Employment verifications that state “ <b>Not Eligible for Re-Hire</b>” will require a written statement from the Verified Professional</li> <li>• Resumes, CV’s and offer letters are <b>not</b> acceptable</li> <li>• Any time period of 90+ days with no employment must have a gap form submitted with an explanation                             <ul style="list-style-type: none"> <li>• Gap form may be found here: <a href="#">Employment Gap Form</a></li> </ul> </li> </ul>	VPRO / Delegate
	Once accessing TX, NV, CA, & NC Frequency is every 5 Years	<p><b>Criminal Search Verification (7yrs)</b> – Must be less than 5 years old. National Criminal Search Verification (7 yrs). <u>Summary pages and attestations are not acceptable.</u> Please be sure the Background Search provider you utilize performs a comprehensive, national search of all states and counties. Federal searches are <u>not</u> acceptable.</p> <p><b>Sex Offender Registry Search</b> – Must be less than 5 years old</p>	
	Once unless change in Scope	<p><b>Education</b> – Highest level of academic education completed, e.g. high school, GED, associate, bachelor’s degree. <u>Copies of diplomas and transcripts are not acceptable.</u> (see next page for more details).</p>	
	Once	<p><b>Social Security Number Verification.</b> – Verification completed by a 3<sup>rd</sup> party background by one of the following searches: SSN Trace, SSN Verifications, SSN Validations. <i>Do not upload your Social Security Card.</i></p> <p><b>OIG/GSA List of Excluded Individuals</b> – Must be less than 5 years old. If FACIS search is submitted, it must be level 3. Level 1 FACIS searches are not acceptable.</p> <p><b>OFAC SDN Search</b> – Must be less than 5 years old. If FACIS search is submitted, it must be level 3. Level 1 FACIS searches are not acceptable.</p>	
	Every 5 years	<p><b>Criminal Search and Sexual Offender - San Antonio</b> requires that your Criminal and Sex Offender verifications <i>not be older than 30 days</i></p> <p><b>If you were previously credentialed and add San Antonio, your Criminal Search and Sexual Offender cannot be more than 30 days old.</b></p>	

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**Details:**

- *CANNOT BE OLDER THAN 5 YEARS*
- *A US Visa, issued December 31, 2007 or later, satisfies the criminal search component of the background investigation for the time period prior to entering the US*
- *MAKE SURE TO LOOK OVER YOUR SCOPE OF SERVICE FOR ANY ADDITIONAL BACKGROUND VERIFICATIONS REQUIRED FOR EDUCATION AND EXPERIENCE.*
- *ALL EDUCATION and TRAINING MUST BE VERIFIED BY A THIRD PARTY FOR U.S. AND OUTSIDE THE U.S. Transcripts and diplomas are not acceptable proof.*
- *Searches for FACIS should be FACIS 3. FACIS 1 will NOT be accepted*
- *Make sure the document is redacted for: Social Security numbers, Credit Report Results, and/or Salary Information.*
- *Background reports cannot be from former employers*

**Evolution Consulting Pamphlet for Background Screenings can be found- [Here](#)**

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Scope of Service Requirements	Once	<p><b>Education-</b> Highest level of academic education completed, e.g. high school, GED, associate, bachelor's degree etc. <u>Copies of diplomas and transcripts are not acceptable.</u></p> <p>If your Scope of Service requires a specific level of education, this must be verified by a 3<sup>rd</sup> party background screening.</p> <p><u>Highest level of education must be one of the following:</u> High School/GED, Associates', Bachelors', Masters', PhD</p>	VPRO/ Delegate
	Once	<p><b>Training Program-</b> Any training program that is required by the Scope of Service must have attendance and graduation verified by a 3<sup>rd</sup> party background screening.</p> <p><i>Proof of license/certification is <b>not</b> acceptable in substitution for verification of attendance and graduation of a training program. Copies of diplomas and transcripts are not acceptable.</i></p> <p><b>Details:</b> Training programs <u>do not</u> suffice as verification of highest level of education</p>	
	Once	<p><b>Experience-</b> Any experience that is required by the Scope of Service must be verified on the background employment history. If the Scope requires experience as a specific role, the background must verify your job title showing the needed experience.</p>	
	Must remain active/valid	<p><b>Certifications/Licenses/Registrations-</b> Any license/certification/registration listed on the Scope of Service must be submitted and be active and valid.</p>	

Type of Credential	Frequency	Description	Completed By
Drug Screen	Once	<p><b>Drug Screen</b> – This is not a panel. It is seven specific drugs as listed.</p> <p><b>Substances screened must include:</b> <u>amphetamines, barbiturates, benzodiazepines, marijuana, methadone and cocaine and Opiate Family (see below)-</u></p> <p><u>Codeine, Morphine, Hydrocodone, Hydromorphone, 6-acetylmorphine and Oxycodone</u></p> <p><b>California:</b> Effective January 1st 2024, HCA will no longer require THC testing for VPro's that work <b>only</b> in the state of California. If VPro lives in California but working in a different state, THC testing is required</p> <p><b>Details:</b> CANNOT BE OLDER THAN 5 YEARS Satisfactory Drug Screen result for the following meet HCA's minimum requirements. Panels are not required. Your credential must list out the drugs below. This test may be performed via urine, blood or saliva (must be via a chain of custody).</p> <ul style="list-style-type: none"> <li>Documents must have the Social Security Numbers redacted</li> </ul> <p><b>Not Acceptable:</b></p> <ul style="list-style-type: none"> <li>Attestations</li> <li>Home tests and hair screenings</li> <li>Diluted drug screening – Urine specific gravity should be in the range of 1.003 – 1.030. Any screening outside these ranges will have to be repeated.</li> <li>Positive screenings.</li> </ul> <p>Evolution Consulting Pamphlet for Background Screenings can be found- <a href="#">Here</a></p>	VPRO/ Delegate

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Type of Credential	Frequency	Description	Completed By
BLS	Upon Expiration	<b>BLS ONLY ACCEPTED FOR THE FOLLOWING: American Heart Association or Red Cross</b> Submit front & back of the physical card, signed. eCards are acceptable as long as they are submitted as a PDF, JPEG, or screenshot.	VPRO / Delegate
Training	Once	<b>Operating Room Protocol and Aseptic Technique Training</b> Must have evidence of both trainings. Required when entering the OR. (if you added the OR area to your account, this is required)  <i>Document must have specific date of when training was completed</i>	VPRO / Delegate
	Annual	<b>Bloodborne Pathogens Training</b> Required when entering the OR. (if you added the OR area to your account, this is required)  <i>Document must have specific date of when training was completed</i>	
	Every 2 years	<b>HIPAA Training</b> - <i>Document must have specific date of when training was completed</i>	
	Once	<b>Code of Conduct Training</b> – Need to attest online This document is completed only by the VPro.	VPRO

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<p><b>Competencies Skills Checklist</b></p> <p><i>Not needed for Supply Reps or Pharm Reps</i></p>	<p>Annual</p>	<p><b>Skills Checklist is a Company Competency Evaluation</b> To be completed by, Clinical leader, Employer/Human Resources, or Supervisor; that shows proof of current assessment of VPro's competencies and skills to perform their job. The skills checklist can list soft skills along with daily tasks and procedures.</p> <p>If VPro is Self-Employed, they will need to work with a sponsoring physician to provide a competency evaluation.</p> <p>It is also used to communicate additional requirements on the Scope such as cases completed annually or on the job training, if permitted. For example, it may communicate any On The Job (OTJ) training.</p> <p><u>Checklist must have the following:</u>  <i>VPro's Name</i>  <i>Evaluator's Clinical Title</i>  <i>Evaluator's Signature</i>  <i>Evaluator's Name</i>  <i>Date of the Evaluation</i></p> <p><b>Note that you cannot self-evaluate a Skills Checklist <u>nor</u> can spouses attest to competencies.</b></p> <p><b>Details:</b>                      If your company <b>does not</b> have a standardized skills checklist to use for experienced and/or newly hired people, see our template found <a href="#">Here</a></p> <ul style="list-style-type: none"> <li>• <i>Experienced employees will complete Section A.</i></li> <li>• <i>Newly hired employees will complete both Sections A and B.</i></li> </ul> <p>If your company <b>has</b> a standardized skills checklist to use for experienced and/or newly hired people, that document may be submitted to satisfy the credential.</p> <ul style="list-style-type: none"> <li>• <i>Newly hired people who have not achieved/passed/completed training required for the position (not the company related training), would need to complete a checklist that contains a detailed plan for on the job training (OJT) that includes the list of missing skills that will be attained during OJT, as well as a re-evaluation date.</i></li> </ul> <p><i>The re-evaluation date is necessary so that HealthTrust may follow up and retrieve an up to date Skills Checklist. This will then confirm the competency of the VPro. If the documentation does not include this piece, then the company needs to complete Section B (page 3) of the HealthTrust Skills Checklist document and submit with their company documentation.</i></p>	<p>VPRO / Delegate</p>

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### HealthRequirements

**HealthTrust must receive an official record from one of the following:**

- Health Clinic or Practice
- State Repository
- Vendor Vaccination Company (from Current Employer)
- Occupational Health
- Official Immunization records from Schools

**What should be on the official record (combination):**

- Company Name or Logo (which must include the company name) and/or address information:
- Clinic/repository/company/vendor vaccination /state repository located clearly on the document
- Patient Name & secondary identifier (only if the VPro has a common name): i.e., date of birth or address (this may be handwritten; it is needed to verify the correct VPro in HWSVerified)
- Immunization Details: Description, Result, Series (if applicable), Date Performed, Date Read

**Records Given Outside of the U.S.:**

- We can accept proof from other countries as long as documented as we would within the US. Even if the schedule is off, as long as the shots are met within/but not before mandated schedule we can accept.
- The recommended immunization schedule for a child who began receiving vaccines in another country depends on whether the vaccines the child received:
- Have been documented in writing and dated; and
- Have been given at the ages and spacing recommended in the U.S.

**Important Notes:**

- *A signature is not required on the document provided; however, if it is found to be suspect or looks doctored, HealthTrust reserves the right to require that a signature be obtained.*
- *Please redact the full social security number. Documents that are not redacted will not be accepted.*

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Tdap	Every 10 years	<p><b>Tdap</b> (Proof of <b>vaccine</b> for Diphtheria, Tetanus &amp; Acellular Pertussis) Vaccination must be within the last 10 years. Boosters are required after the initial Tdap and every 10 years.</p> <ul style="list-style-type: none"> <li>This vaccination can be declined and must use the HealthTrust form. <i>Declination is not accepted if entering any mom and baby area.</i></li> <li>Titers are <u>not</u> acceptable</li> </ul> <p><u>Details:</u>  <i>*Security Guards are required to provide proof of vaccination. Tdap cannot be declined if VPro is accessing Neonatal Intensive Care Unit (NICU), Maternity Labor/Delivery, Nursery, Pediatric Unit, PICU (Pediatric Intensive Care Unit), Post-Partum/GYN.</i></p>	VPRO/ Delegate
MMR Varicella Hep B  <i>Per CDC Schedule</i>	Dependent on Dosing or Titer (if applicable)	<p><b>MMR</b></p> <ul style="list-style-type: none"> <li>2 dose-series: 28 days apart</li> <li><u>or</u></li> <li>Positive Titer <ul style="list-style-type: none"> <li>If titer is <u>negative</u> or <u>equivocal</u> the full vaccination series will need to be submitted, a single booster is <u>not</u> acceptable</li> <li>To determine whether or not you have positive titer results review the legend below your numerical result. <i>If any of your titers are negative or equivocal, proof of completed vaccine series will then be required.</i></li> </ul> </li> </ul> <p><b>Varicella</b></p> <ul style="list-style-type: none"> <li>2 dose-series: 28 days apart</li> <li><u>or</u></li> <li>History of childhood illness (not accepted in Texas). <i>Must have date of disease</i></li> <li><u>or</u></li> <li>Positive Titer <ul style="list-style-type: none"> <li>If titer is <u>negative</u> or <u>equivocal</u> the full vaccination series will need to be submitted, a single booster is <u>not</u> acceptable</li> <li>To determine whether or not you have positive titer results review the legend below your numerical result. <i>If your titer is negative or equivocal, proof of completed vaccine series will then be required.</i></li> </ul> </li> </ul> <p><u>Details:</u></p> <ul style="list-style-type: none"> <li><i>Varicella vaccines earlier than 1995 are not acceptable. The earliest Varicella vaccine was introduced in 1995 (Varivax – manufactured by Merck).</i></li> <li><i>Shingles vaccines (Herpes Zoster) are not acceptable in place of a VARICELLA vaccine.</i></li> </ul> <p><b>HEP B</b></p> <ul style="list-style-type: none"> <li>3-dose series: (3 shots – 0 month, 1 month after and 4 or 6 months after <u>or</u> Heplisave – 2 dose-series: 2-dose HepB vaccine series only applies when both doses consist of HepB-CpG, administered at least 4 weeks apart. <u>or</u></li> <li>Positive Titer <ul style="list-style-type: none"> <li>To determine whether or not you have positive titer results review the legend below your numerical result. <i>If your titer is negative or equivocal, proof of completed vaccine series will then be required.</i></li> </ul> </li> <li>This vaccination can be declined and must use the HealthTrust form</li> </ul>	VPRO / Delegate



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Type of Credential	Frequency	Description	Completed By
TB/PPD	Annual	<b>TB Risk Assessment</b> – aka TB Questionnaire is an <u>online</u> Questionnaire required to be completed annually.	VPRO
	Once Unless in California and Kentucky	<b>TB Evidence</b> <ul style="list-style-type: none"> <li>Negative TB Skin Test, Negative TB T-Spot or Quantiferon. Document must show Negative TB results</li> <li>TB Skin tests must show date and time administered, and date and time read. TB skin tests must be read between 48-72 hours of placement</li> <li>Negative TB tests must be within 90 days of application for initial applicants</li> <li>Needed once in all Divisions except CA and KY, where it is required annually</li> </ul> <p><b>If positive result is submitted</b>, you will be required to submit your:</p> <ul style="list-style-type: none"> <li>Proof of positive history (if you have proof of INH, please supply with your chest x-ray).</li> <li>Chest X-Ray <b>If the chest x-ray shows active TB, provide statement from a specialist physician at the county's Department of Health with a statement of clearance</b></li> <li><u>You must submit the proof from the original positive TB skin test, Tspot or Quantiferon test before a chest x-ray will be accepted.</u> Chest x-ray alone will <u>not</u> suffice. Provide proof of last chest x-ray report indicating negative results for TB.</li> <li>Positive TB tests <b>do not</b> require annual resubmission or annual chest x-ray in California or Kentucky</li> </ul>	VPRO / Delegate
		<p><b><i>San Antonio/Methodist Facilities</i></b> –The below two options can be used to fulfill the requirement: Please note that chest x-rays and Positive TB Skin tests are <b>not</b> accepted in San Antonio. If you have a positive TB skin test, a TB blood test will need to be submitted.</p> <ol style="list-style-type: none"> <li><b><i>Negative TB Skin Test or Negative TB Blood Test</i></b> – Must show Negative TB results, date administered, date read and health center where the test was performed.</li> <li><b><i>Positive TSPOT and Infectious disease/Pulmonary Physician evaluation letter</i></b> – If the TB blood test result is positive or equivocal, you must go to an infectious disease, pulmonary physician, or to the City Chest Clinic for an evaluation. You will not be cleared to begin work until this evaluation is completed and the results submitted</li> </ol>	
Seasonal Influenza	Seasonal	Proof of vaccination or declination must be submitted by the compliance date of each season. If flu decision is not received, your access will be affected.	VPRO / Delegate
		<p><b><u>Details:</u></b></p> <ul style="list-style-type: none"> <li><i>Vaccinations will only be accepted from the current flu season.</i></li> <li><i>If obtaining your flu vaccine through an HCA facility, the Consent Form should be filled out entirely; partial completion is not acceptable for confirmation.</i></li> <li><i>If declining, must submit HealthTrust's declination form; forms only available at the start of each season. Declination Form must be filled out in its entirety.</i></li> <li><i>Flu receipts can only be accepted if it contains VPro's name, administered date, and clearly states Flu was given.</i></li> </ul> <p><i>Nasal flu mist is not acceptable due to low efficacy and will not be honored for vaccination compliance.</i></p>	

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**Mask Fit Test Requirements – DIALYSIS NURSES**

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TEXAS DIVISIONS ONLY	Dialysis Nurse Mask Fit Test <i>Gulf Coast</i>	Annual	3M 1860 small or regular	VPRO / Delegate
	Dialysis Nurse Mask Fit Test <i>Central &amp; West Texas</i>	Annual	Kimberly Clark N-95/Halyard	VPRO / Delegate
	Dialysis Nurse Mask Fit Test <i>North Texas</i>	Annual	<p><b>Alliance:</b> Progear N95 mask in Small and Regular  <b>Arlington:</b> Progear N95 mask in Small and Regular  <b>Dallas:</b> Progear N95 mask in Small and Regular  <b>Denton:</b> Progear N95 mask in Small and Regular  <b>Fort Worth:</b> Halyard N-95: Small and Regular  <b>Frisco:</b> Halyard N-95: Small and Regular  <b>Green Oaks:</b> Progear in sizes Small and Regular  <b>Las Colinas:</b> Progear in sizes Small and Regular  <b>Lewisville:</b> Halyard N-95: Small and Regular; Progear in sizes Small and Regular; 3M 1860 &amp; 1860S; Moldex 1510 N95  <b>McKinney:</b> Progear N95 mask in small &amp; regular  <b>North Hills:</b> Prestige Ameritech N95 Respirator in regular  <b>Plano:</b> Progear N95 mask in small &amp; regular; kimberly Clark N-95 in small &amp; regular  <b>Weatherford:</b> 3M 1860 in small &amp; regular; Kimberly Clark in small &amp; regular</p>	VPRO / Delegate

**State /City Requirements (where applicable)**

Divisions With Deviation	Type of Credential	Frequency	Description	Completed By
COLORADO ONLY	CO: CAPS <i>(Colorado Adult Protective Services)</i>	Once	<p><b>Pertains to anyone hired by his or her employer after 1/1/19. If this does not pertain to you (see below classifications), upload a document stating as such.</b></p> <ul style="list-style-type: none"> <li>Per new Colorado State requirements, individuals who will be providing direct care to at-risk adults are now required to submit results from a CAPS search. For more information, your employer can visit <a href="https://www.colorado.gov/pacific/ccu#statrule">https://www.colorado.gov/pacific/ccu#statrule</a></li> <li>Most organizations are not able to establish an account with Colorado to perform this requirement. If you cannot locate a vendor to perform this, contact Evolution Consulting at 607-773-2266 x143 or 607-323-1541</li> </ul>	VPRO / Delegate

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	<p><u>The following Classifications do not require a CAPS Check:</u></p> <ul style="list-style-type: none"> <li>• Birth Doulas</li> <li>• Supplier Representatives/Managers</li> <li>• Community Liaisons</li> <li>• Scribes</li> <li>• Newborn Hearing Screeners</li> <li>• Lab Assistants</li> <li>• Pharmacists</li> <li>• Pharmacy Techs</li> <li>• Certified and Non-Certified Autotransfusionist</li> </ul>
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**State /City Requirements (where applicable)**

Divisions With Deviation	Type of Credential	Frequency	Description	Completed By
<b>ALASKA ONLY</b>	<b>1- AK Regional Questionnaire</b>	<b>Once</b>	<b>Alaska Background</b> – The questionnaire is required to be completed to determine if it is necessary for you need to have a State of Alaska Background Check performed by <i>Alaska Regional Medical Center</i> . See below for step by step process.	<b>VPRO</b>
		<b>Every 5 Years</b>	Depending on how you responded to the AK Regional Questionnaire, you will either upload your copy of the completed AK Background Check that AK Regional performed for you -  <b>OR-</b>  If you responded No to the Questionnaire upload a printed copy of the “AK Regional Questionnaire” under “BG – Alaska Verification”	<b>VPRO / Delegate</b>
	<b>2- Alaska Background Check</b>		<p><u><b>Details:</b></u>  <b>If the VPro responded “No” to the Questionnaire, upload a printed copy of the “AK Regional Questionnaire” under “BG – Alaska Verification.” No further action is needed.</b></p> <p><b>If the VPro answers “Yes” to any category on the Questionnaire proceed to the steps below:</b></p> <p><b>There may be a need for an Alaska Background check, follow this process for completing the Sponsorship Agreement form, located here: <a href="https://vproverified.wpengine.com/credentials/">https://vproverified.wpengine.com/credentials/</a> and Select “Alaska Sponsorship Agreement Form”</b></p> <ul style="list-style-type: none"> <li>• Your company fills out middle section of the Sponsorship Agreement form and sends it to Alaska Regional HR for their completion. Email address is: <a href="mailto:AKAR.HRDept@HCAHealthcare.com">AKAR.HRDept@HCAHealthcare.com</a></li> <li>• Alaska Regional will complete the top section of the form and send it in to the background check program</li> <li>• The background check program completes the bottom portion of the form and then enters the info in their system so that Alaska Regional connection is established in the system.</li> <li>• Once you have received your copy of the Alaska Background Check, upload it under Alaska Background Check.</li> </ul>	

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State/City Requirements (where applicable)

Divisions With Deviation	Type of Credential	Frequency	Description	Completed By
MISSOURI ONLY	MO: State Requirement	Once	Missouri Highway Patrol	VPRO / Delegate
		Every 90 Days	Missouri Employee Disqualification list (MOEDL) (This not required for Supplier Representatives)	
		<p><b>MO Highway Patrol Check:</b>  <u>Acceptable:</u>                      -Search results provided directly from <a href="http://www.machs.mo.gov">www.machs.mo.gov</a>                      -Missouri State Search results provided from background check company (Must state MO Highway Patrol was utilized to obtain results)  <u>Not Acceptable:</u>                      -National Criminal Search                      -Missouri County Searches                      -MO-EDL search                      -Police Reports</p> <p><b>MO-EDL (Missouri Employee Disqualification List)</b>                      Must be completed every 3 months.                      The document, when printed has a seal in the upper left corner, will include the findings of the search and has a Watermark on the background.                      Not required for Supplier Representatives/Managers</p> <p>You may contact the Missouri Department of Health and Senior Services directly for them to perform the checks for you. You must provide a physical report for both. Their contact information is:                      Criminal Justice Information Services Division                      P.O. Box 9500, Jefferson City, MO 65102                      You will need to register with the Family Care Safety Registry <a href="http://health.mo.gov/safety/fcsr/">http://health.mo.gov/safety/fcsr/</a></p>		

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**Certificate of Insurance**

Details:						
Coverage		Limits		Verbiage		
General Liability Coverage Limits (GCL) <i>ALWAYS NEEDED WITH PRODUCT</i>		1,000,000 each occurrence / 3,000,000 aggregate		No verbiage required		
Product Liability (if separate policy)		1,000,000 each occurrence / 3,000,000 aggregate		Must include verbiage only if the VPro is a Distributor or Independent Rep.		
Professional Liability (PL) a.k.a. medical malpractice, errors and omissions (EOC)		Depends on the State		Must Include Verbiage		
Professional Liability State Occurrences/Aggregates:						
AK	\$1 million/\$3 million	KS	\$200/\$600k	NV	\$1 million/\$3 million	
CA	\$1 million/\$3 million	KY	\$1 million/\$3 million	OK	\$1 million/\$3 million	
CO	\$1 million/\$3 million	LA	\$100k/\$300k	SC	\$1 million/\$3 million	
FL	\$250k/\$750k	MO	\$1 million/\$3 million	TN	\$1 million/\$3 million	
GA	\$1 million/\$3 million	MS	\$1 million/\$3 million	TX	\$200k/\$600k	
ID	\$1 million/\$3 million	NC	\$1 million/\$3 million	UT	\$1 million/\$3 million	
IN	\$1 million/\$3 million	NH	\$1 million/\$3 million	VA	\$2 million/\$6 million	
Type of Credential	Frequency	Description			Tiers	Completed By
Certificate of Insurance and Product Attestation  <b>Only for Supplier Reps</b>	Annual	Supplier Reps only. This is an <b>online attestation</b> for two items: 1. Attest to always maintaining product insurance on every product brought into the facilities. 2. List out every product / product family being brought into the facilities. <i>Note that if your product list is absent or incomplete, the facilities have the right to reject your access.</i>			Tier 2 Supplier Reps	VPRO
	<b>Details:</b> You are required to list all product families you will bring into the facilities. Note that if your list is absent or incomplete, the facilities have the right to reject your access.					
Certificate of Insurance for the Company	Annual	Please submit to: <a href="mailto:HWS.VPROExpirables@healthtrustws.com">HWS.VPROExpirables@healthtrustws.com</a>			Tier 2/3	VPRO / Delegate
	<b>Details:</b> If you use a product, product liability is required with General Liability. If you provide a service, Professional Liability is required. See above to check your state requirements.  <ul style="list-style-type: none"> <li>Examples of 3rd Party Individuals verbiage: Insurance covers all Distributors and Independent Representatives.</li> <li>Umbrella Liability Coverage verbiage must state the policy/coverage it applies to.</li> <li>Professional Liability may also be listed as Medical Malpractice Liability on some policies.</li> <li>Federal Tort Claims Act (FTCA) is acceptable</li> <li>Out of Country COIs are subject to review to determine if they are acceptable</li> <li>Binder &amp; Applications in place of actual COI are not acceptable</li> </ul> <i>For further assistance with COIs, please contact our Customer Care Department at 954-514-1440 for more information.</i>					

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## Tier 1 Core Requirements

### Core Requirements

Type of Credential	Frequency	Description	Completed By
Online in your VPro Account	Annual	<b>Annual Fee</b> Payment is necessary for your file to be reviewed. Payment is made within your account  <i>Details:</i> <i>Changing Companies will require a new account.</i>	VPRO / Delegate
	Once	<b>HCA Education Packet</b> – Need to attest online.	VPRO
	Once	<b>Confidentiality and Security Agreement</b> – Need to attest online.	VPRO
	With each annual payment	<b>HealthTrust Agreement</b> – Need to attest online. This is required annually when renewing your payment	VPRO
	Once	<b>Government Issued Photo ID</b> – (ex. driver's license, passport, and visa) must be valid and current. No expired ID's accepted.	VPRO / Delegate
	Once	<b>Badge/Headshot Photo</b> – Clear, frontal headshot with light background. Photo needed for Kiosk badging system.	VPRO / Delegate
	Once	<b>Division Orientation</b> – Need to attest online.	VPRO
	Annual	<b>Mid-America Annual Safety Training</b> – Need to attest online. Required when accessing MidAmerica hospitals.	VPRO
	Once	<b>HCA Attestation</b> – Identify your role type: Review the document carefully. <i>If you can answer yes to options B or C, HealthTrust cannot proceed with your Credentialing.</i> Please contact HealthTrust for next steps. If you hold a license or certificate in any state regardless of your role, list this information.  <i>Details: If you hold an active MD/DO, PA, ARNP/NP, DMD/DDS, or any other advanced clinician license, you cannot be credentialed by Verified Professional. Even if you are requesting to provide services at a lower level of practice.</i>	VPRO
Role Description	Once	<b>Electronic Form in Portal</b> - Specifically state your role when working in the HCA Healthcare hospitals. This may be different than your full day-to-day job description.	VPRO
Job Description	Once	<b>Job Description</b> – Please provide copy of your official Job Description. Document must include company name/logo, job title, job responsibilities, and qualifications.	VPRO/ Delegate

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Type of Credential	Frequency	Description	Completed By
Background Check Result Document	Once	<p><b>Employment History Verification (2 yrs)</b></p> <ul style="list-style-type: none"> <li>Must <u>verify all</u> past employment from the previous 2 years through a 3<sup>rd</sup> party background screening                             <ul style="list-style-type: none"> <li>The years must be consecutive</li> </ul> </li> <li><u>Must have current company verification</u>. Must be either verified by a third party or upload a document from your company on logo letterhead with the start date with your current company.</li> <li>Resumes, CV's and offer letters are <b>not</b> acceptable</li> <li>Employment verifications that state " <b>Not Eligible for Re-Hire</b>" will require a written statement from the Verified Professional</li> <li>Any time period of 90+ days with no employment must have a gap form submitted with an explanation                             <ul style="list-style-type: none"> <li>Gap form may be found here: <a href="#">Employment Gap Form</a></li> </ul> </li> </ul>	VPRO / Delegate
	Once, Unless accessing TX, NV, CA, & NC Frequency is every 5 Years	<p><b>Criminal Search Verification (7yrs)</b> – Must be less than 5 years old. National Criminal Search Verification (7 yrs). <u>Summary pages and attestations are not acceptable.</u></p> <p>Please be sure the Background Search provider you utilize performs a comprehensive, national search of all states and counties.</p> <p>Federal searches are <u>not</u> acceptable.</p>	
		<p><b>Sex Offender Registry Search</b> – Must be less than 5 years old</p>	
	Once	<p><b>Social Security Number Verification.</b> – Verification completed by a 3<sup>rd</sup> party background. <i>Do not upload your Social Security Card.</i></p>	
		<p><b>OIG/GSA List of Excluded Individuals</b> – Must be less than 5 years old. If FACIS search is submitted, it must be level 3. Level 1 FACIS searches are not acceptable.</p>	
		<p><b>OFAC SDN Search</b> – Must be less than 5 years old. If FACIS search is submitted, it must be level 3. Level 1 FACIS searches are not acceptable.</p>	
Every 5 years	<p><b>San Antonio - Criminal Search and Sexual Offender</b> - requires that your Criminal and Sex Offender verifications <i>not be older than 30 days</i></p> <p><b>If you are previously credentialed and add San Antonio after completion, your Criminal Search and Sexual Offender cannot be more than 30 days old.</b></p>		
<p><b>Details:</b></p> <ul style="list-style-type: none"> <li><b>CANNOT BE OLDER THAN 5 YEARS</b></li> <li><b>Attestations not accepted</b></li> <li><b>A US Visa, issued December 31, 2007 or later, satisfies the criminal search component of the background investigation for the time period prior to entering the US</b></li> <li><b>Searches for FACIS should be FACIS 3. FACIS 1 will NOT be accepted</b></li> <li><b>Make sure the document is redacted for: Social Security numbers, Credit Report Results, and/or Salary Information.</b></li> <li><b>Background reports cannot be from former employers</b></li> </ul> <p>Evolution Consulting Pamphlet for Background Screenings can be found- <a href="#">Here</a></p>			

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Type of Credential	Frequency	Description	Completed By
Trainings	Every 2 years	<b>HIPAA Training</b> <i>Document must have specific date of when training was completed</i>	VPRO/ Delegate
	Once	<b>Code of Conduct Training</b> – Need to attest online	VPro
Drug Screen  <i>No attestations are accepted</i>	Once	<p><b>Drug Screen</b> – This is not a panel, It is seven specific drugs as listed.</p> <p><b><u>Substances screened must include: <a href="#">amphetamines, barbiturates, benzodiazepines, marijuana, methadone and cocaine and Opiate Family (see below)-</a></u></b></p> <p><b><u>Codeine, Morphine, Hydrocodone, Hydromorphone, 6-acetylmorphine and Oxycodone</u></b></p> <p><b>California:</b> Effective January 1st 2024, HCA will no longer require THC testing for VPro's that work <b>only</b> in the state of California. If VPro lives in California but working in a different state, THC testing is required</p>	VPRO / Delegate
		<p><b><u>Details:</u></b>  <b>CANNOT BE OLDER THAN 5 YEARS</b>  <b>Satisfactory Drug Screen result for the following meet HCA's minimum requirements. Panels are not required. Your credential must list out the drugs below. This test may be performed via urine, blood or saliva (must be via a chain of custody).</b></p> <ul style="list-style-type: none"> <li>• Documents must have the Social Security Numbers redacted</li> </ul> <p><b><u>Not Acceptable:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Attestations</b></li> <li>• Home tests and hair screenings</li> <li>• Diluted drug screening – Urine specific gravity should be in the range of 1.003 – 1.030. Any screening outside these ranges will have to be repeated.</li> <li>• Positive screenings</li> </ul> <p>Evolution Consulting Pamphlet for Drug Screenings Screenings can be found- <a href="#">Here</a></p>	



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## HealthRequirements

### **HealthTrust must receive an official record from one of the following:**

- Health Clinic or Practice
- State Repository
- Vendor Vaccination Company (from Current Employer)
- Occupational Health
- Official Immunization records from Schools

### **What should be on the official record (combination):**

- Company Name or Logo (which must include the company name) and/or address information:
- Clinic/repository/company/vendor vaccination /state repository located clearly on the document
- Patient Name & secondary identifier (only if the VPro has a common name): i.e., date of birth or address (this may be handwritten; it is needed to verify the correct VPro in HWSVerified)
- Immunization Details: Description, Result, Series (if applicable), Date Performed, Date Read

### **Records Given Outside of the U.S.:**

- We can accept proof from other countries as long as documented as we would within the US. Even if the schedule is off, as long as the shots are met within/but not before mandated schedule we can accept.
- The recommended immunization schedule for a child who began receiving vaccines in another country depends on whether the vaccines the child received:
- Have been documented in writing and dated; and
- Have been given at the ages and spacing recommended in the U.S.

### **Important Notes:**

- *A signature is not required on the document provided; however, if it is found to be suspect or looks doctored, HealthTrust reserves the right to require that a signature be obtained.*
- *Please redact the full social security number. Documents that are not redacted will not be accepted.*

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Type of Credential	Frequency	Description	Completed By
TB/PPD	Annual	<b>TB Risk Assessment</b> – aka TB Questionnaire is an <u>online</u> Questionnaire required to be completed annually.	VPRO
	Once, Unless in California and Kentucky	<b>TB Evidence</b> <ul style="list-style-type: none"> <li>Negative TB Skin Test, Negative TB Blood Test. Document must show Negative TB results</li> <li>TB Skin tests must show date and time administered, and date and time read. TB skin tests must be read between 48-72 hours of placement</li> <li>Negative TB tests must be within 90 days of application for initial applicants</li> <li>Needed once in all Divisions except CA and KY, where it is required annually</li> </ul> <b>If positive result is submitted</b> , you will be required to submit your: <ul style="list-style-type: none"> <li>Proof of positive history (if you have proof of INH, please supply with your chest x-ray).</li> <li>Chest X-Ray <b>If the chest x-ray shows active TB, provide statement from a specialist physician at the county's Department of Health with a statement of clearance</b></li> <li>You must submit the <u>proof from the original positive TB skin test, Tspot or Quantiferon test before a chest x-ray will be accepted</u>. Chest x-ray alone will <u>not</u> suffice. Provide proof of last chest x-ray report indicating negative results for TB.</li> <li>Positive TB tests <b>do not</b> require annual resubmission or annual chest x-ray in California or Kentucky</li> </ul>	VPRO / Delegate
		<p><b>San Antonio/Methodist Facilities</b> –The below two options can be used to fulfill the requirement: Please note that chest x-rays and Positive TB Skin tests are <b>not</b> accepted in San Antonio. If you have a positive TB skin test, a TB blood test will need to be submitted.</p> <ol style="list-style-type: none"> <li><u>Negative TB Skin Test or Negative TB Blood Test</u> – Must show Negative TB results, date administered, date read and health center where the test was performed.</li> <li><u>Positive TSPOT and Infectious disease/Pulmonary Physician evaluation letter</u> – If the TB blood test result is positive or equivocal, you must go to an infectious disease, pulmonary physician, or to the City Chest Clinic for an evaluation. You will not be cleared to begin work until this evaluation is completed and the results submitted.</li> </ol>	
Tdap	Every 10 years, Needed for those accessing Mom/Baby areas	<b>Tdap</b> (Proof of vaccine for Diphtheria, Tetanus & Acellular Pertussis) Vaccination must be within the last 10 years (titers are not acceptable). Boosters are required after the initial Tdap and every 10 years.  <b>Details:</b> <i>Tdap cannot be declined if VPro is accessing Neonatal Intensive Care Unit (NICU), Maternity Labor/Delivery, Nursery, Pediatric Unit, PICU (Pediatric Intensive Care Unit), Post-Partum/GYN.</i>	VPRO/ Delegate
Seasonal Influenza	Seasonal	Proof of vaccination or declination must be submitted by the compliance date of each season. If flu decision is not received, your access will be affected.  <b>Details:</b> <ul style="list-style-type: none"> <li>Vaccinations will only be accepted from the current flu season.</li> <li>If obtaining your flu vaccine through an HCA facility, the Consent Form should be filled out entirely, partial completion is not acceptable for confirmation.</li> <li>If declining, must submit HealthTrust's declination form; forms only available at the start of each season.               <ul style="list-style-type: none"> <li>Declination Form must be filled out in its entirety.</li> </ul> </li> <li>Flu receipts can only be accepted if it contains VPro's name, administered date, and clearly states Flu was given.</li> </ul> <i>Nasal flu mist is not acceptable due to low efficacy and will not be honored for vaccination compliance.</i>	VPRO/ Delegate

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**State /City Requirements (where applicable)**

State	Type of Credential	Frequency	Description	Completed By
ALASKA ONLY	1- AK Regional Questionnaire 2- Alaska Background Check	Once	<b>Alaska Background</b> – The questionnaire is required to be completed to determine if it is necessary for you need to have a State of Alaska Background Check performed by <i>Alaska Regional Medical Center</i> . See below for step by step process.	VPRO
		Every 5 Years	Depending on how you responded to the AK Regional Questionnaire, you will either upload your copy of the completed AK Background Check that AK Regional performed for you -  OR-  If you responded No to the Questionnaire upload a printed copy of the “AK Regional Questionnaire” under “BG – Alaska Verification”	VPRO / Delegate
		<p><b>Details:</b>  <i>If the VPro responded “No” to the Questionnaire, upload a printed copy of the “AK Regional Questionnaire” under “BG – Alaska Verification.” No further action is needed.</i></p> <p><i>If the VPro answers “Yes” to any category on the Questionnaire proceed to the steps below:</i></p> <p><i>There may be a need for an Alaska Background check, follow this process for completing the Sponsorship Agreement form, located here: <a href="https://vproverified.wpengine.com/credentials/">https://vproverified.wpengine.com/credentials/</a> and Select “Alaska Sponsorship Agreement Form”</i></p> <ul style="list-style-type: none"> <li><i>Your company fills out middle section of the Sponsorship Agreement form and sends it to Alaska Regional HR for their completion. Email address is: <a href="mailto:AKAR.HRDept@HCAHealthcare.com">AKAR.HRDept@HCAHealthcare.com</a></i></li> <li><i>Alaska Regional will complete the top section of the form and send it in to the background check program</i></li> <li><i>The background check program completes the bottom portion of the form and then enters the info in their system so that Alaska Regional connection is established in the system.</i></li> <li><i>Once you have received your copy of the Alaska Background Check, upload it under Alaska Background Check.</i></li> </ul>		
MISSOURI ONLY	MO: State Requirement	Once	<b>Missouri Highway Patrol</b>	VPRO / Delegate
		<p><b>Details:</b>  <i>Please note that if you are requesting access to HCA Facilities in the State of Missouri, additional searches must be included in your background:</i></p> <p><b>Acceptable:</b>  <i>-Search results provided directly from <a href="http://www.machs.mo.gov">www.machs.mo.gov</a></i>  <i>-Missouri State Search results provided from background check company (Must state MO Highway Patrol was utilized to obtain results)</i></p> <p><b>Not Acceptable:</b>  <i>-National Criminal Search</i>  <i>-Missouri County Searches</i>  <i>-MO-EDL search</i>  <i>-Police Reports</i></p> <p><i>You may contact the Missouri Department of Health and Senior Services directly for them to perform the check for you. Their contact information is:</i>  <i>Criminal Justice Information Services Division</i>  <i>P.O. Box 9500, Jefferson City, MO 65102</i>  <i>You will need to register with the Family Care Safety Registry <a href="http://health.mo.gov/safety/fcsr/">http://health.mo.gov/safety/fcsr/</a></i></p>		

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Tier Definition and Fee	Examples <a href="https://vproverified.com/resource-documents/">https://vproverified.com/resource-documents/</a>
<b>Tier 1 (\$185)</b> - non-employee provides only non-clinical services and requires access to a safety- or security-sensitive area(s)	<ul style="list-style-type: none"> <li>▪ Biomed Tech</li> <li>▪ Field Service Tech</li> <li>▪ Greeter</li> </ul>
<b>Tier 2 (\$290)</b> - affecting <u>patient care, treatment or services</u>	<ul style="list-style-type: none"> <li>▪ Supplier Rep</li> <li>▪ Interpreter</li> <li>▪ Certified Sonographer</li> <li>▪ Community Liaison</li> </ul>
<b>Tier 3 (\$290)</b> - affecting <u>patient care, treatment or services</u> that require oversight by the medical staff and administration	<ul style="list-style-type: none"> <li>▪ Dental Assistant</li> <li>▪ Nuclear Physicist</li> <li>▪ Cert. Surgical Asst.</li> </ul>

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