Home Rehabilitation Health Care Agency, Inc.
2930 W. Imperial Hwy, Suite 317 • Inglewood, CA 90303
Phone: (310) 677-4400 Fax: (310) 677-4407 Email: hrhc2930@yahoo.com

Clinical Skills Checklist – Page 11

Please rate your experience and competence in the following areas. Check all that apply. Use comment boxes to provide details on recent cases or training.

Vital Signs & Assessment

☐ Manual BP ☐ Pulse Ox ☐ Pain Assessment ☐ Neuro Checks

Comments:

Wound Care

☐ Simple Dressing ☐ Sterile Dressing ☐ Wound Vac ☐ Pressure Injury Care

Comments:

Injections & IV

☐ IM ☐ SubQ ☐ IV Start ☐ IV Maintenance

Comments:

Electronic Signature:

Date:

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Clinical Skills Checklist – Med/Surg – Page 12

Respiratory

☐ O2 Therapy ☐ Nebulizer ☐ Tracheostomy Care ☐ Suctioning

Comments:

GI/GU

☐ G-Tube Care ☐ Foley Cath ☐ Bowel Program ☐ Ostomy Care

Comments:

Endocrine

☐ Insulin Admin ☐ Glucometer ☐ DKA Signs ☐ Hypoglycemia Proto

Comments:

Electronic Signature: Date:

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Patient Populations – Page 13

Pediatrics

☐ Newborn ☐ Infant ☐ Toddler ☐ School-age

Adults

☐ 18–64 ☐ 65–79 ☐ 80+

Specialty

☐ Oncology ☐ Cardiac ☐ Neuro ☐ Psychiatric

Recent relevant experience (brief):

Electronic Signature:

Date:

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Availability & Travel – Page 14

Preferred Schedule (Days/Hours):

Minimum Weekly Hours:

Max Distance Willing to Travel (miles):

☐ Available Weekends ☐ Available Holidays

Notes:

Electronic Signature:

Date:

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Health Screening – Page 15

TB Test (Date/Result):

Flu Vaccine (Date):

COVID-19 Vaccine (Dates):

Hep B Series (Dates/Status):

Other Immunizations:

Electronic Signature:

Date:

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Certifications & Training – Page 16

CPR/BLS (Issuer & Expiration):

ACLS/PALS (Issuer & Expiration):

Other Clinical Certificates:

Electronic Signature: Date:

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Equipment Proficiency – Page 17

Check all equipment you are proficient with:

- ☐ Hoyer Lift
- ☐ Wheelchair
- ☐ Walker
- ☐ Nebulizer
- ☐ Glucometer
- ☐ Pulse Oximeter

Comments / Recent use:

Electronic Signature:

Date:

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Confidentiality & HIPAA Acknowledgement – Page 18

I understand that all patient information is confidential under state and federal law, including HIPAA. I agree to safeguard Protected Health Information (PHI) and only access the minimum necessary information to perform my duties.
I will not discuss patient information in public areas, will secure records, and will immediately report any suspected breach to my supervisor.

Electronic Signature:

Date:

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Abuse & Neglect Reporting – Page 19

I acknowledge my mandatory reporting obligations under California law for suspected abuse or neglect of children, dependent adults, and elders. I will follow HRHC protocols and complete all required documentation.

Electronic Signature:

Date:

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Driver & Insurance Information – Page 20

Driver's License Number / State:

Auto Insurance Carrier / Policy # / Expiration:

Vehicle Make/Model/Year:

Electronic Signature:

Date:

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Orientation Checklist – Page 21

Topics Reviewed:

- ☐ Agency Mission & Values
- ☐ Safety Policies
- ☐ Incident Reporting
- ☐ Documentation Standards
- ☐ Patient Rights
- ☐ Infection Control

Trainer Name/Title:

Electronic Signature: Date:

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Equipment Receipt (If Issued) – Page 22

Items Received (check and describe if applicable):

☐ ID Badge ☐ Keys ☐ Tablet/Phone ☐ Uniforms

☐ Other

Details/Serials:

Electronic Signature: Date:

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Direct Deposit Authorization – Page 23

Bank Name:

Routing Number:

Account Number:

☐ Checking ☐ Savings

Upload/Attach voided check (if submitting electronically, provide to HR):

Electronic Signature: Date:

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Emergency Contact – Page 24

Primary Contact Name:

Relationship:

Phone:

Address:

Electronic Signature:

Date:

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Policies & Procedures Acknowledgement – Page 25

By signing below, I acknowledge receiving, reading, and understanding HRHC policies and procedures including, but not limited to: Attendance, Conduct, Confidentiality, Safety, and Documentation Standards.
I agree to comply with these policies as a condition of my employment and understand that failure to do so may result in corrective action up to and including termination.

Electronic Signature: Date:

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Final Applicant Acknowledgement – Page 26

I certify that all information provided in this application packet is true and complete to the best of my knowledge. I understand that any false statements or omissions may disqualify me from employment or result in dismissal.
I authorize verification of all statements contained herein and the contacts of references provided.

Electronic Signature:

Date:

Submit completed form by email to hrhc2930@yahoo.com or fax to (310) 677-4407. Tip: Save a copy before emailing.
Save a Copy to finish later (File → Save As… or Cmd+S).

Submit by Email