

Independent Contractor Checklist

This checklist was provided courtesy of Kimberly Wilkerson, LVN, CHCE, COS-C, HSC-D, Managing Partner of KRW Group, LLC, a full-service home healthcare consulting firm. Contact her at (281) 450-3841.

Independent Contractor Checklist

Name: _____ Social Security Number: _____

Date Signed: _____ with Addendum and *Responsibilities of Contract Services*

Services Provided: PT PTA OT COTA SLP LMSW SWA RT

Contractor must provide the following:

- Valid driver's license/SS card Expiration Date: _____
- Proof of CPR certification Expiration Date: _____
- Proof of auto insurance Expiration Date: _____
- Proof of licensure Expiration Date: _____
- Professional resume
- Proof of competency
- Director deemed
- Proof of liability insurance Expiration Date: _____
- I-9
- Reference
- Proof of required immunizations:
 - TB offered
 - HepB offered
 - Declined
- Proof of mandatory education (Occupational Safety and Health Administration, safety, bloodborne pathogens)

Agency must complete:

- Independent Contract Contract with Addendum
- Sanction listings checked
- Annual evaluation of contractor