

RevResolve Health Solutions

Worker Onboarding Checklist · complete before your first assignment

Name	Role	Start date
_____	_____	_____
Phone	Email	
_____	_____	

STEPS

☐	1. Background check Review and sign the disclosure and authorization from our screening partner (invitation arrives by email).	All roles	Date: _____
☐	2. Talent Onboarding Packet Fill out the packet and send it back. Do not write your SSN or date of birth in it.	All roles	Date: _____
☐	3. HIPAA training Complete a HIPAA course and send your certificate or passing-score screenshot.	All roles	Date: _____
☐	4. Data security Read the RevResolve Security Rules at revresolvehealth.org (Onboarding page).	All roles	Date: _____
☐	5. Policy quiz Score 80% or higher on the RevResolve policy quiz. Score: _____	All roles	Date: _____
☐	6. Texas abuse, neglect & exploitation training Free HHSC online course; pass the final test and print the certificate.	CNA, med aide, home health aide	Date: _____
☐	7. Fraud, waste & abuse training Free CMS Medicare Learning Network course (about 30 minutes).	Billing & virtual roles	Date: _____
☐	8. Health and safety records Current BLS/CPR card, TB screening within 12 months, immunization records, license or certification copy.	Clinical roles	Date: _____
☐	9. Confidentiality agreement Sign and return the confidentiality agreement we send you.	All roles	Date: _____
☐	10. Send completion records Email your certificates and results to towerabonnie@revresolvehealth.org .	All roles	Date: _____

RENEWAL TRACKER

Keep this sheet. Set a calendar reminder 30 days before each renewal (the Onboarding page can make one for you).

Item	Completed	Renews / expires	Reminder set
HIPAA training Every year (common practice)	_____	_____	☐
RevResolve policy quiz Every year	_____	_____	☐
Background check Every year	_____	_____	☐
TB screening Every 12 months	_____	_____	☐
Flu vaccine Each season (Oct–Mar)	_____	_____	☐
BLS / CPR card Card expiration date	_____	_____	☐
License / certification Expiration date	_____	_____	☐
Abuse, neglect & exploitation training When your facility requires	_____	_____	☐

FOR REVRESOLVE USE ONLY

Received by: _____ Date: _____ Screening cleared: _____ Credentials verified: _____
Cleared for placement: ☐ Yes ☐ No Notes: _____