



A Quest Diagnostics Company

CONTRACTOR COMPETENCY CHECKLIST

Branch Location:

Branch #

Examiner Name:

Contract Date:

Credentials (Phlebotomist, RN, LPN, EMT, etc.):

Examiner ID:

Examiner email address:

No independently contracted examiner may provide services on ExamOne's behalf until requirements below have been completed.

All documents to be included in examiner file

REQUIREMENTS	MANAGER INITIALS	DATE
Contractor Information Form		
LLC/Corporation/Partnership Certifications		
Phlebotomy Certification/Training Documents		
Professional License/Certificate verified (if applicable – including physician information form and physician waiver)		
Government Issued Photo ID (Must be driver's license if operating a motor vehicle)		
Vehicle Insurance Card (N/A if not operating a motor vehicle)		
Original Social Security Card Reviewed (<i>do not file</i>)		
Signed Background Check Consent		
Background check (verify subject has passed)		
Signed contract (cannot sign unless background check is received and passed)		
W-9		
Direct Deposit form		
Social Security Number entered into ExamView/Portal		
Screen shot of ExamView/Portal Examiner Maintenance page		
Signed Loaned Equipment Agreement		
Signed Technician Manual Acknowledgment		
Incident reporting procedure reviewed		
Identification Badge issued		
ADDITIONAL REQUIREMENTS IF APPLICABLE		
EKG procedures reviewed if applicable or mark N/A		
BFW Certificates if applicable or mark N/A		
BAT Certificate if applicable or mark N/A		

Examiner Signature: _____

Date: _____

Branch Manager: _____ Phone: _____

Date: _____