



High Quality Care Nursing, Inc.

Dear RN, LPN & CNA

Thank you for interest in Quality one care Home Health Inc. In order to complete this application, please make sure to sign all forms and provide updated originals (copies to be made at the office) of the following documents:

1. Malpractice insurance
2. Driver's license
3. Proof of employment eligibility (Green card, Passport, Work authorization, Certificate of citizenship)
4. CPR (BLS)
5. Social Security Card
6. Recent background check for child care
7. Current physical exam

E-Mail: info@highqualitycarein.com

Fax: (301) xxx-xxxx

Tel: (301) xxx-xxxx

SCHEDULLING: 240-xxx-xxxx

Finger print information: CHILD CARE (365 Days)

- ORI : MD004455Y
- Authorization number :1200000653
- PDN Service no: 0500040015
- Name of Agency : Quality One Care Home Health Inc

NURSING MALPRACTICE INSURANCE

1.NSO

Phone number:1-800-247-1500

Web site: www.nso.com

2.ACORD

Phone number:1-800-221-4904

Email address: info@cmfgroup.com