

**Chicago Health Outreach, Inc.  
Administration  
Credential Verification and Background Checks**

**Effective Date:**

**Revision Date:**

**POLICY:** It is the policy of Chicago Health Outreach, Inc. (CHO) to comply with all Federal and State requirements regarding credential verification and background checks for all employees.

**PURPOSE:** To delineate the procedure used to verify credentials of new and existing employees and to request background checks for new employees in CHO programs and services.

**PROCEDURES:**

**Credential Verification**

Credentialing criteria specify requirements for practitioners at CHO. These criteria are designed to help establish the practitioner's background and current competence. Moreover, they are designed to assure that consumers receive quality care. The following credentials are verified for candidates for the listed positions:

Relevant education is verified via educational transcripts directly received from the issuing institution for all positions, which require a degree.

Relevant training is verified via a letter from the supervising party for positions holding a medical degree for which residency training is a requirement.

Professional State License is verified by telephone or internet inquiry for positions requiring the following licenses: Physician & Surgeon, Physician, Chiropractor, Psychiatrist, Registered Professional Nurse, Licensed Advanced Practice Nurse, Clinical Psychologist, Licensed Clinical Social Worker, Licensed Social Worker, Licensed Clinical Professional Counselor, Licensed Professional Counselor, Physician Assistant.

Professional Certification is verified by telephone or Internet inquiry for positions requiring the following certifications: Certified Alcohol and Other Drug Abuse/Dependence Counselor, Certified Nurse Midwife, Certified Laboratory Technician, Accredited Radiological Technician

**Process for Transcript Verification:**

At the time of interview, the hiring manager asks that the applicant request copies of his/her educational transcripts from the institution that conferred the highest or most relevant degree. The manager informs the applicant that these transcripts must be sent directly to the Heartland Alliance Human Resources Department (HR Dept.) from the educational institution.

**Process for Verification of Residency:**

At the time of interview, the hiring manager asks that the applicant request a letter, indicating residency completion or status, from the institution where residency was completed or is in process. The manager informs the applicant that this letter should be addressed directly to the HR Department from the residency institution.

### **Process for Verification of License/Certification:**

1. At interview, the hiring manager requests a copy of the applicant's license or certification. This should be handed to the manager, or sent directly to him/her by mail. The manager should inform the applicant that the license or certification will be verified through the state Department of Regulation (or other body as appropriate) that issued the license, prior to employment.
2. Upon receipt of the license or certification, the hiring manager forwards all relevant licenses and/or certificates to the CHO Director of Quality Improvement who forwards them to HR with the attached memo requesting that the license/certification be verified with the issuing state Department of Professional Regulation (or other body as appropriate).
3. Upon verification, HR staff calls, or sends a memo to the Hiring Manager indicating whether or not the license/certification has been verified.
4. At time of hire and at time of renewal, copies of all staff licenses and certifications will be sent to the Director of Quality Improvement, who will maintain a database of all staff credentials.
5. Upon renewal, copies of all licenses and certificates will be sent to the HR Department by the Director of Quality Improvement to be added to the employee's personnel file.

### **Background Checks**

Background checks are required to establish compliance with state and federal regulations. The following checks will be completed by the HR department for all new employees in the specified positions or programs:

1. National Practitioner Data Bank Inquiry will be completed for candidates for the position of: Physician, Chiropractor, Psychiatrist, Clinical Psychologist, Registered Nurse, Nurse Practitioner, Certified Nurse Midwife, Physician's Assistant & Dentist.
2. Nurses Aide Registry Check will be completed for all positions in Office of Mental Health/Medicaid funded Mental Health Services Programs.
3. Criminal Background Check will be completed for all positions in Office of Alcohol and Substance Abuse (OASA) licensed programs, and all positions requiring Certified Alcohol and Other Drug Abuse/Dependence Certification. This check will be done via InfoLink Screening Service, Inc. The candidate must sign the attached notification and authorization form for this to be completed.

All offers of employment will be conditional until a member of the HR Department has verified the above listed inquiries. Upon receipt of verification, HR staff will contact the hiring manager



# Interoffice memorandum

To: Human Resources Department

Fr: \_\_\_\_\_

Date: \_\_\_\_\_

Re: Verification of License/Certification

Please verify the attached license(s) or certificate(s) for \_\_\_\_\_, who is a candidate for the position of \_\_\_\_\_. Please notify me of the results of the verification process by \_\_\_\_\_. You may contact me at \_\_\_\_\_.  
Phone Number

Thank you.

# New Hire Credential Verification Form

**Instructions:** You are being considered for a position that requires an extended verification of your professional qualifications. Please complete this form and return it to *Heartland Alliance, Human Resources and Administration, 208 S. LaSalle Street, Suite 1818, Chicago IL 60604*. The final decision regarding your employment cannot be made until all of the information you provide is verified.

**NOTE TO HIRING MANAGER:** Depending on the position, applicants may not be required to complete all sections (e.g., Residency Program). Please consult the relevant CHO policy regarding this matter.

PERSONAL INFORMATION	
Name	Social Security Number
Position	

ACADEMIC BACKGROUND			
Institution	Program	Graduation Date	Verified By

Request that each institution from which you earned a degree send an official transcript of your academic record to: *Heartland Alliance, Human Resources and Administration, 208 S. LaSalle Street, Suite 1818, Chicago IL 60604*

PROFESSIONAL LICENSE			
Type of License	License Number	State	Expiration Date
Department Issuing License	Address		
Method of Verification ( <i>Completed by Heartland Alliance</i> )		Verified By	Verification Date

Attach a copy of your license.

<b>RESIDENCY PROGRAM</b>			
Institution		Address	
Residency Program		Supervisor	Completion Date
Method of Verification ( <i>Completed by Heartland Alliance</i> )		Verified By	Verification Date

Attach a copy of documentation substantiating the above.

<b>PROFESSIONAL CERTIFICATION</b>			
Type of Certification	Certificate Number	Issue Date	Expiration Date
Organization Issuing Certificate	Address		
Method of Verification ( <i>Completed by Heartland Alliance</i> )		Verified By	Verification Date

Type of Certification	Certificate Number	Issue Date	Expiration Date
Organization Issuing Certificate	Address		
Method of Verification ( <i>Completed by Heartland Alliance</i> )		Verified By	Verification Date

Attach a copy of documentation substantiating the above.

<b>COUNTY RESIDENCY</b>			
<i>Beginning with the most recent, list all of the counties in which you have resided since the age of 21.</i>			
County	State	From	To

I certify the answers given herein are true and complete to the best of my knowledge, and I authorize the investigation of all statements contained within that may be necessary in order to arrive at an employment decision, including a search of the National Practitioner Data Bank. I further understand that, in the event of my employment by Heartland Alliance, any false or misleading information given here or during any employment interview may result in my discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date