

STAFF RECORD
(See 22 VAC 40-73-250)

NAME: _____		DATE OF BIRTH: _____	
STREET: _____			
CITY/TOWN: _____		STATE: _____	ZIP: _____
TELEPHONE NUMBER: _____		CELL PHONE NUMBER: _____	
EMERGENCY CONTACT:			
NAME: _____			
TELEPHONE NUMBER: _____		CELL PHONE NUMBER: _____	
EMPLOYMENT:			
POSITION TITLE: _____		DATE EMPLOYED: _____	
TERMINATION OF EMPLOYMENT DATE: _____			

ADDITIONAL REQUIREMENTS TO BE INCLUDED IN THE STAFF RECORD:

- Verification that the staff person received a copy of his/her current job description.
- An original criminal record report and a sworn disclosure statement.
- Documentation of qualifications for employment related to the staff person's position, including any specified relevant information.
- Verification of current professional license, certification, registration, medication aide provisional authorization, or completion of a required approved training course, as applicable.
- Documentation of orientation, training, and education required by this chapter (Standards for Licensed Assisted Living Facilities, 22 VAC 40-73, including any specified relevant information, with annual training requirements determined by starting date of employment.
- Required tuberculosis screening/evaluation reports.
- Any vaccinations and immunizations received as noted in 22 VAC 40-73-100 D.