

## VERIFIED PROFESSIONAL TIER and CORE REQUIREMENTS

For TX, NC, NV, CA

*Below are credentials required to complete your file. Where there is an X is a needed credential.  
These must be uploaded in your VPro Account [www.hwsverified.com](http://www.hwsverified.com)*

### Core Requirements

Type of Credential	Frequency	Description	Tier Needed	Completed By
Online in your VPro Account	Annual	Annual Fee – Tier 1 -\$125 and Tier 2/3 -\$225, Payment is necessary for your file to be worked.	All Tiers	VPRO / Delegate
		Changing Classifications will require a new account. Changing Tiers from 1 to 2 will be assessed a fee of \$100		
	Once	HCA Education Packet – need to attest online	All Tiers	VPRO
	Once	Confidentiality and Security Agreement – need to attest online	All Tiers	VPRO
	Once	HealthTrust Agreement – need to attest online	All Tiers	VPRO
	Once unless expired	Government Issued Photo ID – (ex. driver's license, passport, and visa) must be valid and current. No expired ID's accepted.	All Tiers	VPRO / Delegate
	Once	Badge/Headshot Photo – Clear, frontal headshot with light background. Photo needed for Kiosk badging system.	All Tiers	VPRO / Delegate
	Once unless changes occur	Division Orientation – Need to attest online.	All Tiers	VPRO
Annual	Mid-America Annual Safety Training – Needed when accessing MidAmerica hospitals.	All Tiers	VPRO	
HCA Attestation: Are You within the Policy? HCA Employee or LIP/APP?	Once	Many types of individuals are out of scope for the Verified Professional Credentialing. This document outlines these individuals. Review the document carefully. If you can answer yes to any, please do not continue with your application, as HealthTrust cannot proceed with your Credentialing. If you answer yes to being an HCA employee, please contact HealthTrust for next steps.	All Tiers	VPRO
Scope of Service	Once	Scope of Service is essentially HCA's job description for your role. This document contains the hospitals minimum qualifications as well as any state regulated requirements. REVIEW THE QUALIFICATIONS AND EXPERIENCE SECTIONS <a href="#">HealthTrust Web Page - All Documents</a>	Tier 2/3	VPRO
Licensure / Certification	Upon Expiration	Professional Licensure or Certificate Also see requirements on your Scope of Service <a href="#">HealthTrust Web Page - All Documents</a>	Tier 2/3 if noted on Scope of Service	VPRO / Delegate
Role Description	Once	Online document – you need to specifically state your role when working in the HCA Healthcare hospitals. This may be different than your full day-to-day job description. This information ensures your classification is accurate.	All Tiers	VPRO

Type of Credential	Frequency	Description	Completed By
Job Description	Once	Document detailing the role and duties you will perform when entering HCA hospitals or surgery centers. <b>This may not be exactly what your day-to-day role is when working for your company.</b> This is critical to accurately assign an HCA role.	All Tiers
	<p><b>Details:</b>            Document must be on company letterhead or at minimum have the company logo or company name within the document; must include position title. Locate here a template for a Job Description <a href="#">Healthtrust Web Page - All Documents</a></p>		VPRO / Delegate
Letter of Compliance / Employment Good Standing	Every 5 Years	A letter or statement, from the employer that attests to your training and competencies on the services and/or products being provided. Must list products being brought in to the hospital or surgery center (product lines are fine to note). Must also confirm your work expectations are being met and in good standing with your employer.	All Tiers
	<p><b>Details:</b>            The letter should confirm your start date. Letter must be on company's letter head, signed and dated within the last year by your Supervisor/Manager.</p> <ul style="list-style-type: none"> <li>For Supplier Representatives, Product family is all that is needed. Full list of every product is not needed.</li> <li>Letter does not have to specifically state "competent," use your discretion.</li> <li>Employment in good standing must be stated. They can be separate letters.</li> </ul>		VPRO / Delegate
Background Check Result	Once Satisfied if employment does not change	Employment History Verification (5 yrs)	All Tiers
	Every 5 Years	<b>NATIONAL Criminal Search Verification (7yrs)</b> – Cannot be older than five years. If so, this portion of the background must be updated.  Criminal search may need to have multiple searches performed by your background company to ensure ALL STATES AND COUNTIES are utilized in the review.	All Tiers
	Once unless change in Scope	<b>Education</b> – Highest level of academic education completed, e.g. high school, GED, associate, bachelor's degree. Tier 2 and 3 should check your Scope of Service for specific education and training to be verified.	Tier 2/3
	Once	<b>Social Security Number Verification</b> performed by a third part. Do not upload your SS Card.	All Tiers
	Every 5 years	<b>Violent Sexual Offender</b> – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers
	Once	<b>OIG/GSA List of Excluded Individuals</b> – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers
	Once	<b>OFAC SDN Search</b> – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers
	Once	<b>San Antonio Only must be completed within 30 days of submitting your file.</b>	
<p><b>Details:</b></p> <ul style="list-style-type: none"> <li>MAKE SURE TO LOOK OVER YOUR SCOPE OF SERVICE FOR ANY ADDITIONAL BACKGROUND VERIFICATIONS REQUIRED FOR EDUCATION AND EXPERIENCE.</li> <li>ALL EDUCATION and TRAINING MUST BE VERIFIED BY A THIRD PARTY FOR U.S. AND OUTSIDE THE U.S. Transcripts and diplomas are not acceptable proof.</li> <li>Make sure the document is redacted for: Social Security numbers, Credit Report Results, and/or Salary Information.</li> <li>Employment Gaps – The term "gap" includes any time frame exceeding 90 days in which there is no employment verification listed on the background check report submitted. The sole purpose of this document is to supplement information that is not verified on the background check report. <a href="#">Click here for Gap Form</a></li> </ul>		VPRO / Delegate	

Type of Credential	Frequency	Description	Completed By
BLS Card	Upon Expiration	<b>American Heart Association or Red Cross are the only acceptable credentials.</b> Submit front & back of the physical card, signed. eCards are acceptable as long as they are submitted as a PDF, JPEG, or screenshot.	Tier 2/3 VPRO / Delegate
Completed Employment Review  <i>This does not replace the Annual Evaluation by the Facility.</i>	Annual	Confirmation of satisfactory evaluation from employer. Provide a letter confirming your annual evaluation is satisfactory.	All Tiers
	<p><b>Details:</b> All we are looking for is a satisfactory evaluation, not the results, ratings or comments of the evaluation.</p> <ul style="list-style-type: none"> <li>The date on a letter is acceptable in lieu of a date of evaluation.</li> <li>We cannot accept and actual evaluation.</li> <li>We cannot take the skills checklist for this requirement.</li> <li>Document does not need to match the Skills Checklist. <ul style="list-style-type: none"> <li>If a skills checklist needs improvement, we do not need to expire this at the same time.</li> </ul> </li> <li>For new employees, they can state the person is new and they will be doing an evaluation soon, use the date provided.</li> <li>If the date on letter is "every February," use the first date of that month.</li> </ul>		VPRO / Delegate
Training	Once	<b>Operating Room Protocol Training</b> – Required when entering the OR	Tier 2/3
	Annual	<b>Bloodborne Pathogens Training</b> – Required when entering the OR	Tier 2/3
	Every 2 Years	<b>HIPAA Training</b>	All Tiers
	Annual	<b>Code of Conduct Training</b> The following variances are acceptable: Code of ethics is acceptable, ethics and compliance, business conduct.	All Tiers
	<p><b>Details:</b> Certificates of training may be accepted by a qualified vendor organization. We will also accept a letter from your current employer attesting to your training and must provide the date training completed. If self-employed please provide certificate only.</p> <p>The certificate/letter must include:</p> <ul style="list-style-type: none"> <li>The vendor company logo</li> <li>DHP's name</li> <li>Name of training</li> <li>Date completed</li> </ul>		VPRO / Delegate
Drug Screen  <i>No attestations are accepted.</i>	Once	<b>Drug Screen</b> – This is not a panel, but seven specific drugs listed below.	All Tiers New for Tier 1
	Once	<b>San Antonio Only must be completed within 30 days of submitting your file.</b> <b>This may require a new test.</b>	
	<p><b>Details:</b> Satisfactory Drug Screen result for the following meet HCA's minimum requirements. Panels are not required. Your credential must list out the drugs below. This test may be performed via urine, blood or saliva (must be via a chain of custody). <b>Substances screened must include: amphetamines, barbiturates, benzodiazepines, opiates, marijuana, methadone and cocaine.</b></p> <ul style="list-style-type: none"> <li>Documents must have the Social Security Numbers redacted</li> <li>Diluted drug screening – Urine specific gravity should be in the range of 1.003 – 1.030. Any screening outside these ranges will have to be repeated.</li> <li><b>Not Acceptable:</b> <ul style="list-style-type: none"> <li>Rapid/POCT test (same day test) is NOT acceptable. This is because results are preliminary and require confirmation testing of the analytes by a method that has greater sensitivity. Home tests and hair screenings are NOT acceptable.</li> </ul> </li> </ul>		VPRO / Delegate

Type of Credential	Frequency	Description	Completed By
Skills Checklist	Annual	<p><b>Yearly Evaluation</b> completed by the employer that shows proof of current assessment for you and your competencies and skills to perform your job. The skills checklist can list soft skills along with daily tasks and procedures.</p> <p>It is also used to communicate additional requirements on the Scope such as cases completed annually or on the job training, if permitted.</p>	<p><b>Tier 2/3</b></p> <p><i>Except Supplier Reps / Mgrs</i></p>
	<p><b>Details:</b> If your company <b>does not</b> have a standardized skills checklist to use for experienced and/or newly hired DHPs, see our template found here: <a href="#">HealthTrust Web Page - All Documents</a></p> <ul style="list-style-type: none"> <li>Experienced employees will complete Section A.</li> <li>Newly hired employees will complete both Sections A and B.</li> </ul> <p>If your company <b>has</b> a standardized skills checklist to use for experienced and/or newly hired DHPs, that document may be submitted to satisfy the credential.</p> <ul style="list-style-type: none"> <li>Newly hired DHPs who have not achieved/passed/completed training required for the position (not the company related training), would need to complete a checklist that contains a detailed plan for on the job training (OJT) that includes the list of missing skills that will be attained during OJT, as well as a re-evaluation date.</li> <li>The re-evaluation date is necessary so that HealthTrust may follow up and retrieve an up to date Skills Checklist. This will then confirm the competency of the DHP. If the documentation does not include this piece, then the company needs to complete Section B (page 3) of the HealthTrust Skills Checklist document and submit with their company documentation.</li> </ul>		VPRO / Delegate
Certificate of Insurance Attestation	Once unless changing employer	<p><b>This is an <u>online attestation</u> required for Distributor/1099 Reps to attest having all the product insurance for the various products they represent.</b></p>	<p><b>Tier 2 Supplier Reps</b></p>
	<p><b>Details:</b> <i>All insurance documents are not needed for Supplier Reps, as they sign this letter. Distributors must attest to having ins for all companies. This can be used to see if the products are listed on the LOC.</i></p>		VPRO / Delegate
Certificate of Insurance	Annual	<p>This insurance resides on the company level requirement in most cases. If listed as part of the requirements in the credentialing account, upload the document. <a href="#">Certificate of Insurance Requirements</a></p>	<p><b>Tier 2/3</b></p>
	<p><b>Details:</b> <i>If you use a product, product liability is required with General Liability. If you provide a service, Professional Liability is required. See above link to check your state requirements</i></p>		VPRO / Delegate

## Health Requirements for All Tiers

Type of Credential	Description	Completed By
<b>MMR</b> <b>Varicella</b> <b>Hep B</b> <b>Tdap</b>  <b>Tier 2/3</b>  <i>Per CDC Schedule</i>	<b>MMR</b> (2 shots, 28 days apart or Titer) To determine whether or not you have positive titer results review the legend below your numerical result.	<b>VPRO / Delegate</b>
	<b>Varicella</b> (2 shots, 28 days apart or Titer) To determine whether or not you have positive titer results review the legend below your numerical result; History of childhood illness is not considered proof of immunity in Texas.	<b>VPRO / Delegate</b>
	<b>HEP B</b> <ul style="list-style-type: none"> <li>HepB vaccine – 2 dose-series: 2-dose HepB vaccine series only applies when both doses consist of HepB-CpG, administered at least 4 weeks apart.</li> <li>3-dose series: (3 shots – 0 month, 1 month after and 4 or 6 months after or Positive Titer)</li> <li>This vaccination can be declined and must use the HealthTrust form</li> </ul>	<b>VPRO / Delegate</b>
	<b>Tdap</b> (Proof of <b>vaccine</b> for Diphtheria, Tetanus & Acellular Pertussis) Vaccination must be within the last 10 years (titers are not acceptable). Declination can be used, if applicable. Boosters are required after the initial Tdap and every 10 years.  <i>Tdap cannot be declined if requesting access to Maternity &amp; Nursery areas in the hospital or if you are a Security Guard.</i>	<b>VPRO / Delegate</b>
<b>TB/PPD</b>  <b>All Tiers</b>	<b>TB Risk Assessment</b> – is required to be completed by everyone annually. Follow directions on the online form according to your TB status. (Annual requirement) aka TB Questionnaire	<b>VPRO</b>
	<b>TB Evidence</b> <ul style="list-style-type: none"> <li>Negative TB Skin Test, Negative TB Blood Test or Quantiferon. Document must show Negative TB results, date administered, and date read.</li> <li>Needed <u>once</u> in all Divisions <b>except CA and KY</b>, where it is required annually</li> <li>TB Risk Assessment will be required annually for all VPros.</li> </ul> If positive result is submitted, you will be required to submit your: <ul style="list-style-type: none"> <li><b>Proof of positive history and TB Questionnaire</b></li> <li><b>Chest X-Ray</b> (if you have proof of INH, please supply with your chest x-ray)               <ul style="list-style-type: none"> <li>You must submit the proof from the original TB, Tspot or Quantiferon test before a chest x-ray will be accepted. Provide proof of last chest x-ray report indicating negative results for TB.</li> </ul> </li> </ul>	<b>VPRO / Delegate</b>
	<b>Details:</b> <ul style="list-style-type: none"> <li><b>San Antonio</b> – (Required annually) The below three options can be used to fulfill the requirement:               <ol style="list-style-type: none"> <li><u>Negative TB Skin Test or Negative TB Blood Test</u> – Must show Negative TB results, date administered, date read and health center where the test was performed.</li> <li><u>Negative TSPOT &amp; Questionnaire</u> – If you answer YES to 2 or more questions, you will need to follow the POSITIVE RESULT process below.</li> <li><u>Positive TSPOT, Questionnaire, Infectious disease/Pulmonary Physician evaluation letter</u> – If the TB blood test result is positive or equivocal, you must go to an infectious disease, pulmonary physician, or to the City Chest Clinic for an evaluation. You will not be cleared to begin work until this evaluation is completed and the results submitted.</li> </ol> </li> </ul>	
<b>Details FOR ALL DIVISIONS:</b> <ul style="list-style-type: none"> <li>Vaccinations must follow the CDC Healthcare Worker vaccine schedule. Titers are also acceptable (except Tdap). You must show immunity.</li> <li>TB vaccinations are dictated by the HCA Division and will be noted in your credential account as such.</li> <li>To document immunity, you must provide proof of immunizations, an actual lab report documenting proof of immunizations, or the blood draw from a titer test.</li> <li>History of disease is not considered adequate presumptive evidence of immunity for Healthcare Professionals in Texas only.</li> <li>Equivocal result is considered NOT immune.</li> </ul> Documents must show the date immunizations were given. Dates must be clearly documented from a medical professional showing full name, as well as name of clinical establishment/address/phone.		

Type of Credential	Frequency	Description	Completed By
Mask Fit Test <b>Tier 2/3</b>	Annual	N-95 (Aurora 1870+) Respiratory Mask Fit testing	VPRO / Delegate
	<p><b>MASK FIT - SAN ANTONIO - FOR ALL VPROS</b></p> <p><u>Details:</u> N95 1870+ Mask Fit test is mandated for working in Methodist Hospitals. YOU MUST BRING YOUR OWN MASK (N95 1870+) TO BE FITTED. THEY ARE NOT PROVIDED. You may obtain a mask by <u>visiting Methodist HR Dept., 8109 Fredericksburg Rd., San Antonio TX</u> then go to any Concentra to have the fitting.</p> <p>For Methodist, each DHP must perform an annual Mask Fit Test N95. Proof is <b>required for the pass or fail result.</b> Testing can be provided by a Concentra location in San Antonio.</p> <p>If the Fit Test indicates a non-passing result, you will need to supply with your fail document, the following: <a href="#">Click here to obtain the Declaration N95 Unable to be Fit Tested</a></p>		
<p><b>MASK FIT - GULF COAST, CENTRAL WEST TX, AND NORTH TX – FOR DIALYSIS NURSES FOR THE LISTED DIVISIONS. YOU MUST BRING YOUR OWN MASK TO BE FITTED. THEY ARE NOT PROVIDED</b></p> <p>If the Fit Test indicates a non-passing result, you will need to supply with your fail document.</p>			
Dialysis Nurse Mask Fit Test <b>Gulf Coast</b> <b>Tier 2/3</b>	Annual	3M 1860 small or regular	VPRO / Delegate
Dialysis Nurse Mask Fit Test <b>Central &amp; West Texas</b> <b>Tier 2/3</b>	Annual	Kimberly Clark N-95/Halyard	VPRO / Delegate
Dialysis Nurse Mask Fit Test <b>North Texas</b> <b>Tier 2/3</b>	Annual	<p><b>Alliance:</b> Progear N95 mask in Small and Regular  <b>Arlington:</b> Progear N95 mask in Small and Regular  <b>Dallas:</b> Progear N95 mask in Small and Regular  <b>Denton:</b> Progear N95 mask in Small and Regular  <b>Fort Worth:</b> Halyard N-95: Small and Regular  <b>Frisco:</b> Halyard N-95: Small and Regular  <b>Green Oaks:</b> Progear in sizes Small and Regular  <b>Las Colinas:</b> Progear in sizes Small and Regular  <b>Lewisville:</b></p> <ul style="list-style-type: none"> <li>Halyard N-95: Small and Regular</li> <li>Progear in sizes Small and Regular</li> <li>3M 1860 &amp; 1860S</li> <li>Moldex 1510 N95</li> </ul> <p><b>McKinney:</b> Progear N95 mask in small &amp; regular  <b>North Hills:</b> Prestige Ameritech N95 Respirator in regular  <b>Plano:</b></p> <ul style="list-style-type: none"> <li>Progear N95 mask in small &amp; regular</li> <li>Kimberly Clark N-95 in small &amp; regular</li> </ul> <p><b>Weatherford:</b></p> <ul style="list-style-type: none"> <li>3M 1860 in small &amp; regular</li> <li>Kimberly Clark in small &amp; regular</li> </ul>	VPRO / Delegate

**State / City Requirements (where applicable)**

Type of Credential	Frequency	Description	Tier Needed	Completed By
<b>CO: CAPS</b>  <i>(Colorado Adult Protective Services)</i>	Once	<p><b>Pertains to anyone hired by his or her employer after 1/1/19. If this does not pertain to you, upload a document stating as such.</b></p> <p>Per new Colorado State requirements, individuals who will be providing direct care to at-risk adults including DHPs, are now required to submit results from a CAPS search.</p> <p>DHPs will be required to request the results from their employer and upload in eDHP to satisfy this credential requirement. For more information, your employer can visit <a href="https://www.colorado.gov/pacific/ccu#statrule">https://www.colorado.gov/pacific/ccu#statrule</a></p> <p>Classifications that will not need one this requirement. Others may apply based on providing direct patient care or <u>proximity</u> of care. When this does not apply, upload a document stating not applicable due to role in the hospital. Each of these documents will be evaluated.</p> <ul style="list-style-type: none"> <li>• Tier 1</li> <li>• Supplier Rep</li> <li>• Guards</li> <li>• Community Liaison</li> <li>• Scribes</li> <li>• Newborn Hearing Screeners</li> <li>• Birth Doula</li> <li>• Sexual Assault Nurse</li> <li>• Medical Videographer</li> <li>• Lithotripsy</li> <li>• Pharmacist</li> <li>• Pharmacy Tech</li> <li>• Medical Transcriptionist</li> <li>• Death Doula</li> <li>• Lab Assistant</li> </ul> <p>Most organizations are not able to establish an account with Colorado to perform this requirement. If you cannot locate a vendor to perform this, contact HealthTrust to get information on how to get the Evolution Consulting contact and form to complete.</p>		VPRO / Delegate
<b>MS: State Requirement</b>	Once	<b>Garden Park Fingerprints</b>	Tier 2/3	VPRO / Delegate
		<p><b>Details:</b>  <i>You will be required to have fingerprints done for a criminal history record search. The clearance letter must be dated within the last 2 years and it can be obtained from any Mississippi Healthcare Facility. Please see attached Fingerprinting information.</i></p>		
<b>AK: State Requirements</b>	Once	<b>Alaska Background</b> – This is required for a Proximity Badge. <i>Alaska Regional Medical Center &amp; Surgery Center of Anchorage</i>		VPRO / Delegate
		<p><b>Details:</b>  <i>Any questions in regards to the Alaska Background Check, you may contact Alaska Regional at 907.264.1777 or call the State of Alaska directly at 907.334.4475</i></p>		

Type of Credential	Frequency	Description	Tier Needed	Completed By
MO: State Requirements	Once	<i>Missouri Highway Patrol.</i>	Tier 2/3	VPRO / Delegate
	Every 90 Days	<i>Missouri Employee Disqualification list (MOEDL).</i>		VPRO / Delegate
	<p><b>Details:</b>  Please note that if you are requesting access to HCA Facilities in the State of Missouri, additional searches must be included in your background:</p> <ul style="list-style-type: none"> <li>If your background report include a Statewide Criminal Search for Missouri the MISSOURI HIGHWAY PATROL CHECK is included in those searches.</li> <li>The (MOEDL) MISSOURI EMPLOYEE DISQUALIFICATION LIST must be completed every 3 months. You may use the form attached and send to the fax number or address below to complete the search. Once you have the results, upload them to your eDHP account.</li> </ul> <p>You can perform the MO State Hwy Patrol Check yourself by visiting the website:  <a href="https://www.machs.mshp.dps.mo.gov/MocchWebInterface/home.html">https://www.machs.mshp.dps.mo.gov/MocchWebInterface/home.html</a>. You will need to create an account and pay the fee, print the report and upload to your acct. The report is available almost immediately. The document, when printed has a seal in the upper left corner, will include the findings of the search and has a Watermark on the background.</p> <p>You may contact the Missouri Department of Health and Senior Services directly for them to perform the checks for you. You must provide a physical report for both. Their contact information is:  Missouri State Highway Patrol  Criminal Justice Information Services Division  P.O. Box 9500, Jefferson City, MO 65102  Fax: 573-522-8463  You will need to register with the Family Care Safety Registry  <a href="http://health.mo.gov/safety/fcsr/">http://health.mo.gov/safety/fcsr/</a></p>			