

DAP Health Training Checklist



<input type="checkbox"/>	Signed Agreement
<input type="checkbox"/>	Current Curriculum Vitae (CV)
<input type="checkbox"/>	Certificate of Training or letter
<input type="checkbox"/>	Two letters of Recommendation
<input type="checkbox"/>	Medical License/Limited Permit for Fellows (if applicable)
<input type="checkbox"/>	Copy of DEA (if applicable)
<input type="checkbox"/>	NPI number (if applicable)
<input type="checkbox"/>	BLS/ACLS/CPR Cards
<input type="checkbox"/>	Immunization Documentation <ul style="list-style-type: none">• Flu Vaccine within last year• TB within last year• MMR within last 10 years• Varicella within last 10 years• Tetanus, Diphtheria, Pertussis within last 10 years• Hepatitis B• COVID Vaccine series completed with copy of card• or• Evidence of negative COVID Scree or COVID AB
<input type="checkbox"/>	Confidentiality Agreement
<input type="checkbox"/>	Copy of Government Issued ID
<input type="checkbox"/>	Current Liability Insurance