NEW HIRE ROUTING CHECKLIST

ployee Name:	Date:		
iner Name:	Employee Start	Employee Start Date:	
Forms	Date Completed	Trainer initials	Employee initials
Employee Status Sheet			
Personnel Data/Contact Sheet			
Email Form			
Payroll Schedule			
New Hire Packet			
Signed Job Description/Hat Write-up			
Health and Dental Benefit Description (if eligible)			
Complete the following: For Clinical Employees			
Current Professional license			
Health Screen		 	
Drug Screen		 	
Proof of current PPD		 	
Proof of current HBV or HBV declination form		 	
Current CPR card		 	
Credentialing Information Sheet		1	
NPI			
CAQH			
Therapist Bio Sheet			
Policies and Procedures	Date Completed	Trainer initials	Employee initials
Provide access to Comprehensive Policy and Procedure Manual			
Review the following key policies:			
• PTO			
Pay to admin and clinical staff			
Mileage Reimbursement			
Continuing Education			
Cell Phone and Texting Usage			
Progressive Disciple			
Performance Review			
Documentation			
Communication			
Resignation			
Code of Conduct reviewed and signed			
Sexual Harassment Video/Policy Reviewed			
HIPAA Requirements Explained			
Test Completed for HIPAA Requirements			
Overview	Date Completed	Trainer initials	Employee initials
Review of history and philosophy of the practice			

Company vision and mission			
Explanation of management roles			
Proper use of email system (set up with company email)			
Communication System			
Efficiency System (Google Docs, Sheets, Cal)			
Organizing Board			
Stats and Stat Grids			
Management Action Plans			
Hatting and How to Write a Hat			
Being a Patient Care Advocate	Date Completed	Trainer initials	Employee initials
Phone etiquette			
Greeting patients			
Service alerts			
Levels of Exchange			
Give Me Five Drill			
The Cancellation/NS Policy			
How to Develop Rapport			
The Communication Cycle			
The Concept of Confront			
Success Stories	Date Completed	Trainer initials	Employee initials
Importance of a success story			
How to ask for a success story			
Explanation of forms and documents used			
MEG Academy	Date Completed	Trainer initials	Employee initials
I have finalized New Hire Orientation MEG Academy Training as part of my onboarding training, and I have complete understanding as to what is expected of me.			

Once Form is completed, please route to the Office Administrator

Signature of Employee	Date	
Signature of Trainer	Date	
Signature of Office Administrator	Date	