**HEALTHCARE: RECRUITMENT APPROVAL FORM**

|  |  |
| --- | --- |
| **Name of Candidate:** |  |

**CLINICAL SERVICES : PROFESSIONAL CREDENTIALING**

**PQRs (see attached PAR Assessment Form)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meets PQR requirement:** | **Position:** |  | **YES** | **NO** |

**Clinical Assessment Result (see attached Clinical Assessment Form)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Passed Skills Assessment:** | **Position:** |  | **YES** | **NO** |

|  |  |
| --- | --- |
| **RECOMMENDATION (✓):** | |
| Paramedic (EMT-A) |  | | EMT-B | |  |
| Paramedic (EMT-I) |  | | Other: |  |  |

**Healthcare Worker Medical History:**

|  |  |  |
| --- | --- | --- |
| **Meets the medical standard required for a healthcare worker:** | **YES** | **NO** |

**………………………………………………………………. Date: …………………………………………………**

**Medical Director**

**HR AND CORPORATE SERVICES PROCESS**

**HR Interview**

|  |  |  |
| --- | --- | --- |
| **Completed (yes/no) (see attached):** | **Assessment Result (pass/fail):** | **Comment (if required):** |
|  |  |  |

**Reference Check**

|  |  |  |
| --- | --- | --- |
| **Reference Check (yes/no) (see attached):** | **Acceptable/unacceptable (see attached):** | **Comment (if required)** |
| 1. |  |  |
| 2. |  |  |

**Employment: Approved / Not Approved:**

**……………………………………………………………. Date: …………………………………………………………**

**Chief Administrative Officer**