

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

Position <i>PTA</i>	Date You Can Start <i>1/2/2017</i>	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Per diem <input type="checkbox"/> Part-time <input checked="" type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES ☐ NO ☐ If so may we contact your present employer? YES ☐ NO ☐

Have you ever applied to this company before? YES ☐ NO ☒ Where? When?

Personal Information

Last Name First Name Middle Name

Arevalo *Yannis*

Address (number, Street, City, State, Zip Code) *1900 W 68TH APT E-306*

Social Security Number Home Telephone Number Referred By
589-73-8629 *305-606-4836* *Kayori*

Education

High School Attended and Location	No. of Years Completed	Did you graduate
<i>Daudera Pafar - Cuba</i>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Attended and Location	No. of Years Completed	Did you graduate
<i>Miami Dade College - Dade Technical Center</i>	<i>HDC - 2</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate
	<i>DTA - 2</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

English as Second Language
PTA (Associated in Service)

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

Office/Secretarial Applications

Skill/Aptitude	Years of Experience	Words Per Minute	Software Used (in Word Processing)
Typing			
Shorthand			
Word Processing			

List secretarial training courses completed and any other training which may be helpful in considering your application.

only 3:00 PM

Employment History (list Present or Most Recent Positions First)

Name of Employer *Reine Rehab* Address (Number, Street, City, State, Zip Code)

Phone Type of Business Department Your Position *Therapeutic Assistant*

Duties *Therapeutic exercises, ES with client, hot pack, cold pack, TBI*

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year) *2008* Date Left (Day, Month, Year) *2010* Starting Salary *14.00* Final Salary

Reason for Leaving *Business Close* *16.00/hr*

Name of Employer *Sony Care Services* Address (Number, Street, City, State, Zip Code)

Phone Type of Business *CNA* Department Your Position *CNA*

Duties *Home Health*

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year) Date Left (Day, Month, Year) Starting Salary *10/hr* Final Salary *12 hr*

Reason for Leaving *Started School*

Name of Employer Address (Number, Street, City, State, Zip Code)

Phone Type of Business Department Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year) Date Left (Day, Month, Year) Starting Salary Final Salary

Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer Address (Number, Street, City, State, Zip Code)

Phone Type of Business Department Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year) Date Left (Day, Month, Year) Starting Salary Final Salary

Reason for Leaving

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I hereby acknowledge that the above information was answered accurately to the best of my knowledge.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment, and (2) consent to and compliance with such policy is a condition of my employment.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant



Date:

12/29/2016

Thank you for completing this application form and for your interest in our business.



159 East County Line Road • Hathoro, PA 19040-1218
1-800-982-9491 • Fax 1-800-739-8818 • www.hpsso.com

06/03/16

Yoannis Arevalo
7275 W 2nd Ln
Hialeah, FL 33014-5005

Dear Yoannis Arevalo:

Enclosed is the replacement certificate of insurance that you requested.

If you have any questions or need assistance, please call us toll free at 1-800-982-9491. Our Customer Service Representatives are available weekdays from 8:00 a.m. to 6:00 p.m., EST.

Sincerely,

Customer Service

Enclosure

Q032

Dedicated To Serving The Insurance Needs of Healthcare Providers

Healthcare Providers Service Organization is a division of Affinity Insurance Services, Inc.; in NY and NH, AIS Affinity Insurance Agency; in MN and OK, AIS Affinity Insurance Agency, Inc.; and in CA, AIS Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators License #0795465.

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hpsso.com/policyforms

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
CNA80989	Concealment, Misrepresentation, Fraud Condition Amendatory Endorsement - Florida
G-121503-C	Workplace Liability Form
G-121501-C	Occurrence Policy Form
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424	Services to Animals
CNA80051	Amended Definition of Personal Injury Endorsement
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123846-D09	Florida Cancellation and Non-Renewal
CNA81753	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758	Notice - Offer of Terrorism Coverage & Disclosure of Premium
CNA82011	Related Claims Endorsement
CNA79575	Exclusion of Cosmetic Procedures

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B (03/2010)
Master Policy#: 188711433

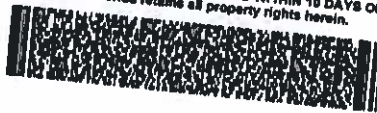
Named Insured: Yoannis Arevalo
Policy#: 0642031442

RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
The State of Florida retains all property rights herein.



Executive Director *Julie Jones*
Julie Jones
Clayton Boyd Welden *Clayton Boyd Welden*
Director of Motorist Services
JES1204190790
Rev Date 09-01-12

www.flhsmv.gov



09-01-12



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

A614-960-70-594-1

YOANNIS
AREVALO
7275 W 2 LN
HIALEAH, FL 33014-5006
DOB: 03-14-1970 SEX: F
ISSUED: 03-14-2010 H01-5-03
EXPIRES: 03-14-2018

REST:
ENDORSE:
REPLACED: 04-10-2013

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Yoannis Arevalo

Cell: 305-606-4836 Email Address: yoyarevalo@yahoo.com

Professional Background

Professional driven to help others overcome personal obstacles and returned them back to the ADLs. Comfortable working autonomously or in a team-based setting.

Professionally Chiropractor Assistant and HHA with experience ensuring high standards of culturally competent care for wide variety of patients with diverse needs.

Direct patient care environments.

Motivated about developing and maintaining good relationships.

Skill Highlights

Some experience with Word, PowerPoint, excel, access.

Fast learner, clinical experience,
Bilingual (Spanish and English).

Enthusiastic caregiver,
Phone communication, acute and rehabilitative care.

Accomplishments

Home Aid

Collaborated with physicians to plan and implement patient care.
Provided patients with transportation to and from doctor appointments.

Professional Experience

Home Health Assistant (HHA)

September 2008 to Current

SCS Care Service, Corp. – Miami, FL

Registered Chiropractic Assistant

August 2009 to June 2010

Pro Care Rehabilitation Center – Doral, FL

Monitored acute and chronic condition. Provided patient education. Performing electromagnetic therapy with ultrasound, infrared, laser, and hydro contrast therapy for pain management.
Stretching with different kinds of modalities.

RiteCare Rehabilitation in Doral, FL-2015

Emanuel Therapy Center in Doral, FL-2014 to 2015

Back in Motion Therapy Center in Hialeah, FL -2014

Worked for three months in each center, as student of Physical Therapy Assistant. In my clinical rotations I was under supervision of a licensed PTA for a total of nine months.

Certifications

Licensed Physical Therapy Assistant(PTA).

Massage Therapy Certified and License.

CPR certified through American Heart Association.

Home Health Aid Certified (HHA)

Electromagnetic Therapy and Hydro Contrast Therapy.

Neuromuscular Massage.

Education

Dade Medical College 2013

Physical Therapy Assistant(PTA)

Dade Medical College 2009

Massage Therapy Certified

Yechannlaz Vocational Institute 2008

Miami, FL, USA

Health Care

HHA Certified

Miami Dade College 2005

Hialeah, FL, USA

English as a second language

Affiliations

American Physical Therapy Association(APTA)

American Association of Massage(AMTA)

Applicant Name _____

Sociological questions

Question 1- What led you to pursue physical therapy as a career?

☒ Being able to be part of a professional team

☐ Being able to decide for who, when and how to work

☐ Take advantage of current profession's demand

Question 2- What are your interests in physical therapy? In order of importance more important 1 less important 6

☐ 3 Make money to pay my daily living expenses

☐ 1 Treat and Cure patient in need of my medical expertise.

☐ 4 Pay my student loan

☐ 2 Provide for my family

☐ 5 Provide for myself.

☐ 6 Pay other debts

Question 3- What led you to pursue a position at our company? Mark all that applies

☒ The company organization and structure

☒ Expecting Professional development

☐ Being able to be my own boss

☐ Flexible working hours as per-diem employee

☐ Get to work by myself without supervision

☐ Get a better pay rate

☒ Get to work in a team environment

☐ Advance to a management position

Question 4- Describe a typical day at your current/previous job.

Professional and Situational questions

1. Some of the challenges of working with geriatric patients are:

☒ There comarbiclties and how they affect treatment

☐ There need for Attention

☐ Clinical Documentation

2. Some of the challenges of working with pediatric patients are:

☒ Poor attention

☒ Sensory Issues

☒ Behavioral Issues

3. How do you handle movement disorders?

Example 1: *With ey of coordination and balance*

Example 2:

Example :

7. How would you handle a patient with behavioral problems?

☒ Find cause of behavior and redirect behavior

☐ Use a cooling off period if needed

☐ Reinforce positive behavior

8. How would you handle a patient with autism?

☐ Never explain assessments and/ or treatments (Adults)

☒ Allow family in the treatment room or gym

☐ Treat like any other patient.

9. How would you handle a patient with a diagnosis that was unfamiliar to you?

☐ Search the web about the diagnosis

☒ Ask for help from your supervisor

☐ Ask your old college professor

10. Explain when you felt you had delivered excellent patient care?

Example 1:

Example 2:

Example 3:

11. In what ways do you show sensitivity to potential cultural differences?

☒ Identify religious/spiritual beliefs of patients

☐ Having a translator at the first encounter the patient

☐ Address culture-specific dietary considerations

12. What would you do if a colleague lied about treating a patient?

☐ Not my Problem, she or he has a License to loose

☐ Confront the colleague to stop doing it

☒ Escalate to Higher Authority

13. What would you consider an inappropriate interaction with a patient? Mark all that applies

☒ Calling them / texting about personal issues

☒ Buying them gifts

☒ Going to patient personal festive activities

☐ Communicating with patients about their progress during TX

☐ Scheduling Treatments

☐ Scheduling Vacations

☒ Discussing personal issues

14. How would you handle a difficult coworker? All that applies

☐ Confront the coworker every time

☐ Stay Calm and Focused

☒ Adjust yourself to work with he/she

☐ Escalate to Higher Authority

☐ See From the Other Person's Eyes

15. What's stressful about being a physical therapist?

1- _____

2- _____

3- _____

4- _____

HIPAA COMPLIANCE AGREEMENT

This HIPAA Compliance Agreement ("Agreement") is entered into by and between Younis Arevalo (hereinafter "Employee") and Health Information DLC Services Inc and Kids Quality Therapy Corp. DBA KIDWORKS, (hereinafter referred to as "Employer") as of this day of _____, 20____, in regard to the following facts:

A. Employer is in the business of processing medical records for hospitals and other health care providers and enters into contracts with such health care providers regarding the manner in which the services Employer performs must be carried out ("Health Care Provider Contracts");

B. In performing their employment duties, Employee acknowledges that they will directly or indirectly gain access to "Protected Health Information" ("PHI") as that term is defined under the federal Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder ("HIPAA"). Employee further acknowledges that the PHI is protected from disclosure by HIPAA and applicable state laws and other pertinent statutes and regulations, the violation of which is the basis of both civil and criminal liability.

C. Employer is unwilling to employ Employee unless Employee agrees to maintain the confidentiality of all PHI as set forth in this Agreement.

NOW, THEREFORE, Employee agrees as follows:

1. **Term of Agreement.** This agreement shall commence on the date set forth in the first paragraph above and the obligations herein shall continue in effect so long as Employee uses, discloses, creates, or otherwise possesses any PHI created or received during their employment with employer and until all PHI created or received during their employment with Employer has been returned to Employer pursuant to paragraph 15 herein.
2. **Use of PHI by Employee.** Employee may only use and disclose PHI created or received by them during the term of their employment, on behalf of Employer or any of Employer's clients, for the purposes of carrying out the provisions of the Health Care Provider Contracts.
3. **Maintenance of Security and Privacy of PHI.** Employee hereby agrees to maintain the security and privacy of all PHI in a manner consistent with state and federal laws and regulations, including HIPAA, and all other applicable

8. **Indemnification.** Employee shall, to the fullest extent permitted by law, protect, defend, indemnify, and hold harmless Employer and Employer's employees, directors, officers, agents, clients, and the directors, officers, and employees of Employer's clients, (each an "Indemnitee") from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorneys fees at trial and on appeal) asserted or imposed against any indemnities arising out of the acts or omissions of Employee related to the performance or nonperformance of this Agreement.

MY SIGNATURE BELOW ATTESTS to the fact that I have read, understand, and agree to be legally bound to all of the above terms.

Signed at December 29, 2016, in the state of Florida, this ____ day of __, 2016.

HB00

HIP Staff Member Signature

Yannis Arevalo

Printed Name

AC# 7159676

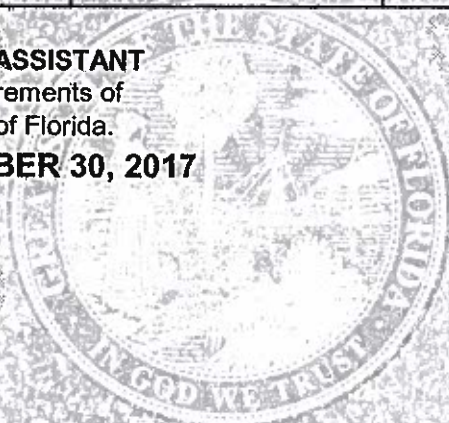
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/20/2016	PTA 26656	56873

The **PHYSICAL THERAPIST ASSISTANT**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **NOVEMBER 30, 2017**

YOANNIS AREVALO
7275 W 2 LANE
HIALEAH, FL 33014



Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Interim State Surgeon General

DISPLAY IF REQUIRED BY LAW

Healing Hands Institute, Inc
Certificate of Award

This Certifies that Yoannis Arevalo
Is awarded this certificate for

MEDICAL ERRORS PREVENTION

Instructor: *Adriana* *Ada Perez*

Date: 04/14/2015



2141 sw 1 st suite 201, Miami, FL 33135. CE Broker Provider # 50-14257.
healinghandsinstitute@gmail.com



CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Yoannis Arevalo

HAS SUCCESSFULLY COMPLETED

Alzheimer's and Dementia

CONTACT HOURS: 4

Florida Board of Physical Therapy Practice approved provider. Advance Registered Nurse Practitioner Pharmacology Credit.
CEUfast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

June 2, 2016

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC
CEO, Lead Nurse Planner

CERTIFICATE ID
1777784

VERIFY AUTHENTICITY
Scan QR code OR visit
CEUfast.com/verify





CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Yoannis Arevalo

HAS SUCCESSFULLY COMPLETED

Annual Regulatory Requirements, Current Practice

MDR, HIPAA, JCAHO, OSHA, Patient Rights, and Biohazard

CONTACT HOURS: 5

Florida Board of Physical Therapy Practice approved provider. Advance Registered Nurse Practitioner Pharmacology Credit.
CEUfast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

June 3, 2016

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC,
CEO, Lead Nurse Planner

CERTIFICATE ID

1778203

VERIFY AUTHENTICITY

Scan QR code OR visit
CEUfast.com/verify





CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Yoannis Arevalo

HAS SUCCESSFULLY COMPLETED

Domestic Violence, Intimate Partner Violence

CONTACT HOURS: 3

Florida Board of Physical Therapy Practice approved provider. CEUfast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

June 2, 2016

COMPLETION DATE

Julia Tortorice
Julia Tortorice, RN, MBA, MSN, NEA-BC,
CEO, Lead Nurse Planner

CERTIFICATE ID

1777685

VERIFY AUTHENTICITY

Scan QR code OR visit
CEUfast.com/verify





CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Yoannis Arevalo

HAS SUCCESSFULLY COMPLETED

OSHA: Occupational Exposure to Blood Borne Pathogens

CONTACT HOURS: 1

Florida Board of Physical Therapy Practice approved provider. CEUfast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

June 3, 2016

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC,
CEO, Lead Nurse Planner

CERTIFICATE ID

1778389

VERIFY AUTHENTICITY

Scan QR code OR visit
CEUfast.com/Verify





CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Yoannis Arevalo

HAS SUCCESSFULLY COMPLETED

AIDS/HIV One Hour, Current Evidence Based Practice

Not approved for California CNAs

CONTACT HOURS: 1

Florida Board of Physical Therapy Practice approved provider. CEUfast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

June 3, 2016

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC,
CEO, Lead Nurse Planner

CERTIFICATE ID

1778453

VERIFY AUTHENTICITY

Scan QR code OR visit
CEUfast.com/verify

