**NC Local Health Department Accreditation Program**

**Personnel Record Review Worksheet**

**Place a (P) present or (A) absent for each item for each personnel record selected. For some items\* an N/A is acceptable depending on the position**

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| --- | --- | --- | --- | --- | --- |
| **Activity** | **Required Item** | **Name:**  **Title:**  **Year Selected:**  **Hire Date:** | **Name:**  **Title:**  **Year Selected:**  **Hire Date:** | **Name:**  **Title:**  **Year Selected:**  **Hire Date:** | **Name:**  **Title:**  **Year Selected:**  **Hire Date:** |
| 31.4 | Signed & dated position descriptions by employee for year selected |  |  |  |  |
|  | Signed & dated position descriptions by supervisor for year selected |  |  |  |  |
| 23.2 | Qualification letter or form |  |  |  |  |
|  | **\*Current** registration, cert., license req. by job descriptions (ck. nursing, enhanced role, EH reg. & program authorizations) |  |  |  |  |
| 24.3 | Orientation completed (for employees hired after the first orientation policy was adopted) |  |  |  |  |
|  | \*Enhanced role training (nurses) |  |  |  |  |
|  | \*If no BSN, DPH Required Training in 1st year |  |  |  |  |
|  | Agency training: |  |  |  |  |
|  | Agency training: |  |  |  |  |
|  | Agency training: |  |  |  |  |
|  | Agency training: |  |  |  |  |
|  | Agency training: |  |  |  |  |
| 26.1 | Non-discrimination training |  |  |  |  |
| 26.3 | Cultural sensitivity/competency |  |  |  |  |
| 31.5 | Performance evaluation signed & dated by employee for year selected |  |  |  |  |
|  | Performance evaluation signed & dated by supervisor for year selected |  |  |  |  |
|  |  |  |  |  |  |
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