

# QUALITY ONE CARE

## EMPLOYEE APPLICATION CHECKLIST

Thank you for interest in Quality One Care Home Health, Inc. To complete this application, please make sure to sign all forms and provide updated originals (copies to be made at the office) of the following documents:

- Malpractice Insurance
- Driver's License
- Proof of employment eligibility
  - Green Card
  - Passport
  - Employment Authorization Card / Document
  - Certificate of Citizenship
- CPR (BLS) Certificate
- Social Security Card
- Recent Background Check for Childcare
- Current Physical Exam

### IMPORTANT INFORMATION

**Our Agency Name:** Quality One Care Home Health, Inc  
**Address:** 9221 Colesville Road, Silver Spring, MD 20910

**Email:** info@qualityonecare.com  
**Fax:** 301-658-2328  
**Tel:** 301-658-7141  
**Scheduling #:** 240-467-6435

**Fingerprint Information**  
 Childcare (365 Days)  
**ORI:** MD004455Y  
**Authorization #:** 1200000653  
**PDN Service #:** 0500040015  
**Agency Name:** Quality One Care  
 Home Health Inc

**Insurance Providers**  
**NSO**  
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**Phone:** 1-800-247-1500  
**Website:** www.nso.com  
**ACORD**  
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**Phone:** 1-800-221-4904  
**Email:** info@cmfgroup.com