



REGISTRY SERVICE PROVIDER APPLICATION & DME COMPETENCY FORM

I. APPLICANT INFORMATION

- Full Name: _____
 - Email: _____
 - Phone: _____ SSN: _____
 - Address: _____
 - Driver's License #: _____ State: _____
 - Do you have reliable transportation? [] Yes [] No
-

II. MANDATORY COMPLIANCE DOCUMENTATION *Please organize the following into a 3-ring binder for your interview:*

1. **IDENTIFICATION:** Photocopy of Driver's License (or valid Passport/State ID).
2. **WORK PERMIT:** Unexpired SS Card, Green Card, Work Visa, or EAD/Work Permit.
3. **PHYSICAL EXAM:** Documented within the last 12 months, including:
 - PPD (Tuberculosis) Negative results (or negative chest x-ray).
 - MMR vaccine (Measles, Mumps, Rubella) & Seasonal Influenza vaccine.
 - Titters Flu Shot (Required during season: October through May).
4. **LIABILITY INSURANCE:** Copy of Certificate of Liability Insurance.
5. **VEHICLE INSURANCE:** Copy of policy (if planning to transport clients).
6. **CERTIFICATIONS:** Copy of CNA, PCA, or HHA certifications and BLS (Basic Life Support).
7. **RESUME:** Current copy of your professional resume.
8. **DRUG TEST:** Quest Diagnostics 12-Panel Drug Test results.

- 9. **LETTERS:** Five (5) Professional letters of recommendation strictly from private duty caregiving.
 - 10. **NDA:** Signed "Non-Disclosure Agreement" from the Washington Home Care website.
-

III. DME COMPETENCY & EXPERIENCE CHECKLIST (Mark "" for Proficient or "T" for Training Required)

Mobility & Transfer: Gait Belts: ____ Transfer / Pivot Discs: ____ Swivel Cushions: ____ Stand-Assist Bars: ____ Sara Steady: ____ Transfer / Slide Boards: ____ BeasyTrans: ____ Friction-Reducing Sheets: ____

Mechanical & Electric Lifts: Hoyer Lift (Manual): ____ Hoyer Lift (Electric): ____ Electric Sit-to-Stand: ____ Ceiling Lifts: ____ Multi-Purpose Lifts: ____ Air-Assisted Lateral Transfer: ____

Bed & Safety Equipment: Hospital Bed Controls: ____ Trapeze Bar: ____ Bed Rails/Couch Canes: ____ Rolling Commode/Shower Chairs: ____ Vertical Platform Lift: ____

IV. PROFESSIONAL ACKNOWLEDGMENT (Circle One)

- **A) I am confident and competent to operate the equipment listed above independently.**
 - **B) I require further hands-on training for specific brands/models before starting.**
 - **C) I am declining this assignment after observing the equipment and requirements.**
-

V. INTERVIEW & SUBMISSION INSTRUCTIONS

1. **BINDER:** Print all pages and establish a 3-ring binder with all documentation listed in Section II.
2. **SCREENING:** Once completed, call to schedule a Video Interview Screening.
3. **IN-PERSON:** Upon successful video screening, an In-Person Interview will be scheduled. Bring your physical binder to this meeting.

Caregiver Signature: _____ **Date:** _____

**Any questions regarding these instructions please contact
Washington Home Care, LLC at 203.577.8979**