

**F A X**

To: CHI Health Human Resources  
Fax number: 402-717-1995

From:  
Phone Number:

Regarding: Non Patient Care – Patient Care Buildings-  
Renewal  
**SUBMIT TO CHI HEALTH HUMAN RESOURCES -  
ATTENTION NON EMPLOYEE DEPARTMENT  
FAX: 402-717-1995**

**Checklist:** *(Before submitting your packet for review, please make sure you have included the following items (if applicable) :)*

- Non Employee Information Form
- Non Employee Health Screening Attestation form
- Non Employee Orientation Certificate

**Please Note:**

All documents must be assembled into one fax and sent to the CHI Health Human Resources department. Incomplete applications will not be accepted

*CHI Health Human Resources Address:  
12809 West Dodge Road  
Omaha, NE 68154*

*CHI Health Human Resources Phone  
Number:  
402-717-6947*



# CHI Health

## Human Resources Non Employee Information Form

Please return this form with your packet to CHI Health Human Resources. If you have any questions, please contact your CHI Health Sponsor or Human Resources. Human Resources can be reached at 402-717-6947.

### Personal Information

\_\_\_\_\_  
Name (First, Middle, and Last) Preferred Name \_\_\_\_\_

\_\_\_\_\_  
Social Security Number Date of Birth Address- City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Email Address

### Company Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Person - Name and Title Contact Person Phone Number \_\_\_\_\_

\_\_\_\_\_  
Your Job Title with Organization

### Credentials

Please check all the CHI Health Facilities you will be working at:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bergan Mercy -Omaha             | <input type="checkbox"/> Community Memorial Hospital - Missouri Valley | <input type="checkbox"/> Creighton Univ. Medical Center-Omaha     |
| <input type="checkbox"/> Immanuel Medical Center-Omaha   | <input type="checkbox"/> Lakeside Hospital- Omaha                      | <input type="checkbox"/> Midlands Hospital- Omaha                 |
| <input type="checkbox"/> Memorial Hospital -Schuyler, NE | <input type="checkbox"/> Mercy Hospital-Council Bluffs                 | <input type="checkbox"/> Mercy/Corning Hospital                   |
| <input type="checkbox"/> Plainview Hospital              | <input type="checkbox"/> Clinics                                       | <input type="checkbox"/> Good Samaritan Hospital - Kearney        |
| <input type="checkbox"/> St Mary's Hospital - NE City    | <input type="checkbox"/> St Elizabeth Medical Center - Lincoln         | <input type="checkbox"/> St Francis Medical Center - Grand Island |
|  |  | <input type="checkbox"/> Other _____                              |

\_\_\_\_\_  
Name of CHI Health Sponsor

Are there any required Licenses or Certifications (please include Life Support Cards) required for the job you will be performing with CHI Health?  Yes  No

If yes, please attach a copy of your credentials. **Please Note: You are required to submit new credentials prior to their expiration date to CHI Health Human Resources department.**

\_\_\_\_\_  
Signature Date \_\_\_\_\_



**Non Employee Health Screening Attestation Form (Renewal)**

Please have your company representative fill out the following form. This will need to be included with your packet that you send to CHI Health Human Resources Department. If you have any questions, please contact your Company representative or CHI Health Human Resources. Human Resources can be reached at 402-717-6947.

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Non Employee Name (Please Print or Type)

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Company Name

**HEALTH SCREENING** - COMPANY affirms that the Non Employee listed above has completed the following health screenings and has documentation confirming the Non Employee's health status. Please check those boxes for which the Non Employee has met the requirement.

- 1)  Tuberculin Skin Test - Test needs to be within the past 12 months  
(a) Date Completed: \_\_\_\_\_
  
- 2)  Flu Vaccine for anyone on assignment between October 1 and December 1  
(a) Date Completed: \_\_\_\_\_

**Attestation by Company Representative:** I have verified, *Company* has on file the documents checked above as per the CHI Health Agreement. An audit will be conducted at any time by a CHI Health Representative. I attest that the documentation can be produced upon request by CHI Health within four hours

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Company Representative's Name (Please type or Print)

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Company Representative's Signature

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Date:

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Company Representative's Phone Number/Email Address