

VENDOR & COMPANY INFORMATION

BACKGROUND CHECK

symplr will perform an annual criminal background check and sex offender check — a valid driver's license is required. symplr does not accept attestation letters in lieu of performing a background check.
NOTE: symplr DOES NOT perform FCRA background checks.

GOVERNMENT WATCH LIST (OIG, SAM & MEDICAID BY STATE)

symplr will perform monthly checks against federal and state watch lists, for you and your company.

COMPANY CREDENTIALING

At no additional cost, symplr performs monthly Government Watch List (GWL) checks and monthly Dunn & Bradstreet searches for the vendor rep company. Information is provided to the vendor representative's selected facilities.

GENERAL LIABILITY INSURANCE

All reps or companies are required to provide Proof of General Liability Insurance, including limit amounts of \$1 million general aggregate, policy effective and expiration dates. Certificate Holder: **Partners provides** 6 Cypress Creek Pkwy, Suite 800, Houston, TX 77090.

IMMUNIZATION CREDENTIALS

TUBERCULOSIS SKIN TEST (PPD)

Annual documentation of a negative TB Skin Test — documentation must include a date, full clinic contact information, negative result and signature. TB Skin Tests must be signed by a physician, NP, PA, MD, DO or RN. If you have a known allergy or a positive reaction to the PPD skin test, a negative chest x-ray is required.

INFLUENZA

Proof of seasonal flu vaccination — documentation must include date of vaccine and clinic contact information. Reps may opt out by signing a symplr Influenza Declination form, available in the Account Set Up > Credentials & Policies area of your symplr account. **NOTE:** Not all facilities accept declinations. Reps should verify the requirements of each selected facility.

HEPATITIS B

Proof of a 3-shot series of vaccinations—documentation must include dates and clinic contact information. Opt out may be possible (varies by facility) by signing the symplr Hepatitis B Declination form available within Account Set Up > Credentials & Policies of your symplr account. **NOTE:** Provider may draw blood to test for positive antibodies.

MEASLES, MUMPS & RUBELLA (MMR)

Proof of MMR vaccination or booster shot — documentation must include date of vaccine and clinic contact information. **NOTE:** Provider may draw blood to test for positive antibodies.

VARICELLA (CHICKEN POX)

Proof of Varicella vaccination and/or proof of disease history signed by a physician — documentation must include applicable date/s and clinic contact information. **NOTE:** Provider may draw blood to test for positive antibodies.

EMPLOYEE DRUG TEST (5 TO 10 PANEL)

Proof of a negative 5 to 10 panel drug test. A copy of drug test results, or a letter from your company are acceptable forms of documentation. Social Security Numbers must be censored/removed or documentation will be declined.

TETANUS, DIPHTHERIA & PERTUSSIS (TDAP)

Proof of Tdap vaccination — documentation must include vaccination date and clinic contact information. **NOTE:** Tetanus, Diphtheria & (Tdap) expires every 10 years.

TRAINING/COMPETENCY CREDENTIALS

GENERAL EXPECTATIONS & HOSPITAL SAFETY

Training provided by symplr at no cost and is available in the Online Training section of your account. A Certificate of Completion is provided when course is completed and passed.

BLOODBORNE PATHOGENS

Proof of annual Bloodborne Pathogens training is available from symplr and expires annually. symplr also accepts third-party proof of training — all certificates must include training completion date. **NOTE:** Letterhead dates are not acceptable. **Not Necessary**

OR PROTOCOL OR ASEPTIC TECHNIQUE TRAINING

Proof of OR Protocol or Aseptic Technique training is available from symplr — certified proof of training by other sources are accepted and must include training completion date. **Not Necessary**

HIPAA TRAINING

Required!

Proof of HIPAA Privacy Training is available from symplr — training expires every 2 years. symplr also accepts third-party proof of training — all certificates must include training completion date. **NOTE:** Letterhead dates are not acceptable.

PRODUCT & SERVICE TRAINING

A list or description of product and/or service training you have received from your company. Please provide a certificate of training or a letter on letterhead signed by your manager or supervisor.

VENDOR &/OR RELATED POLICIES

HOSPITAL POLICIES

Hospitals maintain their own policy requirements. Reps are required to review and sign the policies for each of their selected hospitals — policies are available in the rep account and can be reviewed and signed electronically.