

PARISH NURSE/HEALTH

MINISTRY EXPOSURE CHECKLIST

Program Leader

- Is the leader a licensed RN? _____
Leader Name _____
Phone # _____
Address _____
- Does she/he have a degree from an accredited school or college of nursing? _____
- Does she/he have at least three years nursing experience? _____
- Has a criminal background check been performed? _____
- Have credentials been verified? _____
- If applicable has the MVR check been obtained? _____

Non-RN Program Employees/Volunteers

- Other than the leaders, how many other employees and/or volunteers participate in the program? _____
If applicable, please attach a list of all employees/volunteers including name, phone number and address.
- Have criminal background checks been conducted on all employees/volunteers? _____
- Have MVRs been obtained on employees/volunteers who drive vehicles on parish/health ministry business? _____
- If applicable, please identify which programs utilize non-nurse employees/volunteers.

- Do all non-nurse employees-volunteers have professional experience in the areas they are assisting? If not, please identify areas where non-experienced personnel are utilized.

Programs

- Please attach a description describing the services/programs which are available through your parish nurse/health ministry program. Please attach any available brochures.

Transportation

- Are vehicles used in conjunction with any programs? _____
- If so, are MVRs obtained for drivers? _____
- Are driver information sheets complete verifying insurance coverage? _____

Record Keeping

- Are records kept on all programs? _____
- Are records confidential to the parish nurse only? _____
- Are reports completed and returned for all accidents/incidents? _____

Parish Nurse/Health Ministry Exposure Checklist
(3/01)