



Evolve Medical Partners

Care That Adapts. Commitment That Endures.

Evolve Medical Partners LLC
6950 Germantown Ave, Building Q, FL 1
Philadelphia, PA 19119

(215) 642-2363 | www.EvolveMedicalPartners.org

Employment & New Hire Onboarding Packet

Evolve Medical Partners LLC

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This packet contains all required pre-employment and onboarding documentation for new hires at Evolve Medical Partners. Complete all sections in full. Incomplete packets will delay onboarding and system access.

Prepared for immediate operational use by the Practice Administrator and leadership team.



Packet Overview & Onboarding Order

This packet is arranged in the order a premium healthcare organization would typically collect, validate, and archive pre-employment documentation.

#	Document	Primary Use
1	Employment Application	Candidate intake and initial screening record
2	Professional Licensure Verification Form	License, board, and standing validation
3	Equal Opportunity Employment Statement	Employment law and non-discrimination notice
4	Background Check Authorization Form	Pre-employment screening consent
5	OIG Exclusion Screening Consent	Federal program participation screening
6	HIPAA Confidentiality Agreement	Privacy, security, and data access obligations
7	Professional Conduct & Workplace Standards Agreement	Behavioral and professionalism expectations
8	Direct Deposit Authorization Form	Payroll enrollment
9	Emergency Contact Form	Urgent safety and HR contact record
10	Employee Information Sheet	Internal HR setup and system enrollment
11	New Hire Compliance Checklist	Audit-ready onboarding completion tracker
12	Form I-9 Employment Eligibility Instructions	Federal work authorization instructions

Document control: retain one signed master packet in the employee file. Store credentialing, exclusion, and background screening evidence separately in the compliance file.

Employment Application



Applicant instructions: Complete all sections in full. Incomplete applications may delay consideration. EMP may verify employment history, licensure, certifications, education, references, and work authorization.

Personal Information

Form with fields: Last Name, First Name, Middle Initial, Address (Street), City, State / ZIP, Phone (Primary), Phone (Secondary), Email Address, Date of Birth - HR Use Only, Social Security # (last 4) - HR Use Only

Employment Eligibility

Form with questions: Are you legally authorized to work in the United States?, Will you require sponsorship now or in the future?, Are you at least 18 years of age?, Have you ever been convicted of a crime..., Have you ever been excluded from Medicare, Medicaid, or any federal healthcare program?

Availability & Position Applied For

Form with fields: Position Applied For, Department / Role Type, Desired Start Date, Employment Type, Shift Preference, Hours Available Per Week, Referred By / Source, Previously worked for EMP?



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Education

Table with 4 columns: Institution, Degree / Program, Graduation Year, Verified. Includes three empty rows for data entry.

Professional Licensure & Certifications

Table with 5 columns: License / Cert Type, License #, State, Expiration, Verified. Includes four empty rows for data entry.

Employment History — Most Recent First

Table with 4 columns: Employer Name, Title, Dates (From / To), Reason for Leaving. Includes a row for contact permission: May we contact your current employer? with Yes/No checkboxes.

Professional References (Minimum 2 — Non-Family)

Table with 4 columns: Name, Title / Organization, Phone / Email, Relationship. Includes three empty rows for data entry.



Applicant Attestation

I certify that all information provided is true, complete, and accurate. I understand misrepresentation may result in disqualification or termination. I authorize EMP to verify all information provided.

Applicant Signature: _____ Date: _____ Printed Name: _____

Professional Licensure Verification Form

Complete for all licensed or certified staff. Verification required before start date. Attach primary source printout.

Employee Name	Position / Title	Department
Credential Type	Issuing Authority	State
License Number	Issue Date	Expiration Date
License Status	Disciplinary Action on Record?	Primary Source Used
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Verification Notes:

Verified By (HR / Compliance): _____ Date: _____ Attach primary source printout to this form before filing.



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Equal Opportunity Employment Statement

Evolve Medical Partners LLC is an equal opportunity employer committed to a work environment free from discrimination and harassment. Employment decisions are based on qualifications, merit, and business needs. EMP does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability, pregnancy, veteran status, genetic information, or any other characteristic protected under applicable federal, state, or local law.

This policy applies to all terms and conditions of employment. EMP will not retaliate against any individual who reports discrimination or participates in an investigation.

Reasonable Accommodations: EMP will provide reasonable accommodations for qualified individuals with disabilities and sincerely held religious beliefs unless doing so would cause undue hardship. Direct requests to the COO (Andrew Gaston, RN) or CAO (Aisha Fulton).

Acknowledgment: I have received and understand EMP's Equal Opportunity Employment policy. Employee Signature: _____ Date: _____ Printed Name: _____ Position: _____

Background Check Authorization Form

As a condition of employment, all candidates must authorize a pre-employment background screening including criminal history, sex offender registry, identity verification, employment history, and professional reference checks.

Table with 3 columns: Full Legal Name, Date of Birth, Social Security #; Current Address, City, State / ZIP; Previous Address (if < 2 years at current), City, State / ZIP; Driver's License # (if applicable), State Issued.

I authorize EMP and its designated screening vendor to obtain a background report. I have the right to request a copy and to dispute inaccurate information.

Candidate Signature: _____ Date: _____ Printed Name: _____



OIG Exclusion Screening Consent

Federal law prohibits participation in Medicare, Medicaid, and other federal healthcare programs by excluded individuals. EMP screens all prospective employees against the OIG LEIE and SAM prior to hire and monthly thereafter.

Candidate Declaration

- I have never been excluded, suspended, debarred, or sanctioned by any federal or state healthcare program.
I am not currently listed on the OIG LEIE, the SAM exclusions list, or any state Medicaid exclusion database.
I will immediately notify EMP if I become subject to exclusion, investigation, or sanction during my employment.
I understand employment is contingent upon passing OIG and SAM screening prior to start and ongoing monthly.
I understand that exclusion from federal healthcare programs will result in immediate termination.

Table with 3 columns: Full Legal Name, Date of Birth, NPI (if applicable); License Type & Number, State, Position Applied For

Candidate Signature: _____ Date: _____ Printed Name: _____
EMP Use Only — OIG LEIE Cleared: [] Yes [] No Date: _____ Cleared By
(COO or CAO): _____

HIPAA Confidentiality Agreement

As a workforce member of Evolve Medical Partners, you will have access to protected health information (PHI) and electronic PHI. HIPAA (45 CFR Parts 160 and 164) imposes strict obligations on the use, disclosure, and safeguarding of PHI.

Your obligations:

- Access, use, and disclose PHI only to the minimum necessary to perform your assigned duties.
Never access patient records for individuals you are not directly involved in treating or supporting.
Never discuss patient information in public areas where unauthorized persons may overhear.
Never share login credentials, access cards, or system access with any other person.
Report any actual or suspected breach of PHI to the COO (Andrew Gaston, RN) or CAO (Aisha Fulton) immediately upon awareness.
Return or destroy all PHI in your possession upon separation from EMP.
Understand that violation may result in immediate termination, civil liability, and/or criminal prosecution.

I have received, read, and understand EMP's HIPAA confidentiality obligations and agree to comply. Employee
Signature: _____ Date: _____ Witness / HR: _____ Date:



Professional Conduct & Workplace Standards Agreement

EMP expects conduct consistent with a premium ambulatory care environment: respectful, accountable, compliant, and patient-centered.

- Maintain professional interactions with patients, visitors, coworkers, clinicians, vendors, and community partners.
• Support a culture of safety, timeliness, documentation integrity, and operational discipline.
• Comply with attendance, punctuality, handoff, dress, identification badge, infection control, and conduct requirements.
• Avoid conflicts of interest, harassment, retaliation, falsification of records, diversion, and disruptive conduct.
• Escalate compliance concerns and patient safety risks through the appropriate chain of command — direct supervisor, then COO (Andrew Gaston, RN) or CAO (Aisha Fulton).

Acknowledgment: I understand professional conduct is a condition of employment and continued access to EMP patients, systems, and facilities. Employee Signature: _____ Date: _____ Witness / HR: _____ Date: _____

Direct Deposit Authorization Form

Complete to enroll in direct deposit via Gusto payroll. Attach a voided check or official bank document.

Table with 3 columns: Employee Name, Employee ID / Internal Use, Effective Date; Financial Institution, Account Type (Checking/Savings), Routing Number; Account Number, Amount / Percent, Deposit remainder to this account.

I authorize EMP to deposit my net pay into the account listed above and, when permitted by law, to reverse entries made in error. Employee Signature: _____ Date: _____



Emergency Contact Form

Employee Name	Primary Phone	Date of Birth (HR Use)
Emergency Contact 1	Relationship	Phone
Emergency Contact 2	Relationship	Phone
Known allergy / medical alert (voluntarily provided for emergency response only)		

Employee Information Sheet (HR Internal Use)

For internal setup and onboarding administration. Not for patient record use.

Core Setup Item	Entry	Verified By	Date
Legal name matches payroll and I-9			
Preferred name and badge name confirmed			
Job title and department confirmed			
Supervisor assigned			
Start date entered in payroll / HRIS			
Email account requested / created			
Phone extension / fax / access needs documented			

System / Access	Required	Completed	Notes
EMR / PM (Prognosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Done	
Secure messaging / email	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Done	
Timekeeping / payroll (Gusto)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Done	
Badge / keys / alarm / entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Done	
Training assignments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Done	



New Hire Compliance Checklist

Central completion record. Attach supporting evidence where indicated.

Requirement	Responsible Party	Due	Complete	Evidence on File
Application reviewed for completeness	HR / Hiring Manager	Pre-offer	<input type="checkbox"/>	<input type="checkbox"/>
Interview and reference checks completed	Hiring Team	Pre-offer	<input type="checkbox"/>	<input type="checkbox"/>
Offer letter approved and issued	COO or CAO	Pre-start	<input type="checkbox"/>	<input type="checkbox"/>
Background screening cleared	HR	Pre-start	<input type="checkbox"/>	<input type="checkbox"/>
OIG / sanction screening cleared	COO or CAO	Pre-start	<input type="checkbox"/>	<input type="checkbox"/>
License / certification verified	COO or CAO	Pre-start	<input type="checkbox"/>	<input type="checkbox"/>
I-9 completed within required timeframe	HR	Day 1-3	<input type="checkbox"/>	<input type="checkbox"/>
Payroll and direct deposit setup completed	HR / Payroll	Before first payroll	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA / privacy / security training completed	Supervisor / COO or CAO	Week 1	<input type="checkbox"/>	<input type="checkbox"/>
Role-based orientation completed	Department Lead	Week 1-2	<input type="checkbox"/>	<input type="checkbox"/>
Badge, access, and workstation setup completed	Operations / IT	Start week	<input type="checkbox"/>	<input type="checkbox"/>
Initial probationary goals documented	Supervisor	First 30 days	<input type="checkbox"/>	<input type="checkbox"/>
90-day probationary review completed and filed	Supervisor / COO or CAO	Day 90	<input type="checkbox"/>	<input type="checkbox"/>

Onboarding completed by: _____ Title: _____ Date: _____ COO
or CAO sign-off: _____ Date: _____



Form I-9 Employment Eligibility Instructions

EMP is required by federal law to verify identity and employment authorization of all individuals hired. The actual Form I-9 must be obtained from USCIS at uscis.gov/i-9. This page provides instructions only.

Employee Responsibilities (Section 1)

- Section 1 must be completed no later than the first day of employment.
- Provide full legal name, address, date of birth, and Social Security number (if applicable).
- Attest to citizenship or immigration status and sign and date Section 1.
- If alien authorized to work, provide alien registration number or I-94 number and expiration date.

Employer Responsibilities (Section 2)

- Section 2 must be completed within 3 business days of the employee's first day.
- Physically examine original acceptable documents — do not accept photocopies.
- Do not request more or different documents than required. Employee chooses which to present.
- Record document title, issuing authority, document number, and expiration date.
- Store Form I-9 separately from the general personnel file for audit control.

Acceptable Documents

List A (identity + employment authorization): U.S. Passport, Permanent Resident Card (I-551), Employment Authorization Document (I-766).

List B + List C: driver's license + Social Security card or birth certificate.

This packet includes instructions only. Download Form I-9 from uscis.gov/i-9 and complete separately. Retain for 3 years after hire date or 1 year after employment ends, whichever is later.