

NAFCC / Mock Observation Checklist (RE-Accrediting Provider)

PROVIDER _____
 MENTOR _____

ID _____

DOCUMENT	DATE ISSUED	DATE EXPIRED	NOTES
10 Page NAFCC Application			Signed: yes <input type="checkbox"/> no <input type="checkbox"/>
Actual License			
NAFFC Membership			

Heath Assessment Form (expirers 2yrs fr date)			Signed: yes <input type="checkbox"/> no <input type="checkbox"/>
TB Test (expirers 2yrs fr date)			Signed: yes <input type="checkbox"/> no <input type="checkbox"/>
CPR copy of front & back			
First AID copy of front & back			

ABI (exp 3 years from date)			
FBI (exp 3 years from date)			
Copy of Money Order			
Date checks submitted			
Date of Live Scan / Fingerprints			

ASSISTANT

Heath Assessment			Signed: yes <input type="checkbox"/> no <input type="checkbox"/>
TB Test			Signed: yes <input type="checkbox"/> no <input type="checkbox"/>
CPR copy of front & back			
First AID copy of front & back			

Training Hours Comments: