

Employee List (sample form)

STATE EVALUATION: TEMPORARY LICENSED AND LICENSED HOME CARE PROVIDERS (144A)

Current employee names (including contracted and licensed staff), titles, and hire dates must be given to Minnesota Department of Health surveyors upon request. Providers may use this form or their own.

Provider:

HFID:

Date:

Employee	Title	Hire Date	Phone Number

Minnesota Department of Health
 Health Regulation Division
 PO Box 3879
 St. Paul, MN 55101-3879
 651-201-4200
health.homecare@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.