



Home Health Consultant Employment Application

Applicant Information

Full Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
Position Applied For:	
Date Available:	

Professional Credentials

Licenses / Certifications:	
Issuing State:	
Expiration Date:	
Years of Home Health Experience:	
Areas of Expertise:	

Availability & Consulting Preferences

Available Days / Hours:	
Consulting Type (On-site / Remote / Hybrid):	
Willing to Travel:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Desired Rate:	

Compliance Acknowledgments

■ **HIPAA Compliance:** I acknowledge that I am required to comply with all HIPAA privacy and security regulations and safeguard protected health information (PHI).

■ **Medicare / Medicaid Compliance:** I understand and agree to comply with all applicable federal and state Medicare and Medicaid laws, regulations, and program requirements.

■ **Confidentiality Agreement:** I agree to maintain the confidentiality of all client, patient, and company information during and after my engagement with Rose Home Health Consulting, LLC.

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination of contract.

Applicant Signature:	
Date:	