HOSPITAL / VENDOR STAFFING REQUISITION FORM

1. FACILITY / VENDOR INFORMATION

Facility / Hospital Name: _____

Department / Unit: _____

Facility Address: _____

City/Province: _____

Unit / Department Contact: _____

Position/Title: _____

Telephone: _____ **Email:** _____

Purchase Order / Vendor Number: _____

Contract / Agreement Reference No.: _____

2. STAFFING REQUEST

Request Type:

☐ New Request
☐ Replacement
☐ Urgent / Emergency Coverage
☐ Additional Staffing
☐ Extension of Existing Assignment
☐ Other: _____

Requested Healthcare Professional:

☐ Registered Nurse (RN)
☐ Registered Practical Nurse (RPN) / Licensed Practical Nurse (LPN)
☐ Registered Psychiatric Nurse (RPN – where applicable)
☐ Nurse Practitioner (NP)
☐ Personal Support Worker (PSW)

☐ Health Care Aide (HCA)
☐ Continuing Care Assistant (CCA)
☐ Paramedic
☐ Allied Health Professional
☐ Other: _____

Specialty / Clinical Area:
☐ Medical/Surgical
☐ Emergency Department
☐ ICU
☐ CCU
☐ Mental Health / Psychiatry
☐ Long-Term Care
☐ Rehabilitation
☐ Operating Room
☐ Labour & Delivery
☐ Pediatrics
☐ Geriatrics
☐ Community / Home Care
☐ Other: _____

3. NUMBER OF PROFESSIONALS REQUIRED

Position	Number Required	Gender Preference (if applicable)	Specialty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Professionals Required: _____

4. ASSIGNMENT DETAILS

Assignment Start Date: _____

Assignment End Date: _____

Expected Assignment Length:

☐ 4 weeks
☐ 8 weeks
☐ 12 weeks
☐ 3 months
☐ 6 months
☐ Other: _____

Shift Required:

☐ Days
☐ Evenings
☐ Nights
☐ Rotating
☐ Weekends
☐ Stat / On-Call

Shift Hours:

Start: _____ AM/PM
End: _____ AM/PM

Hours Per Shift: _____

Shifts Per Week: _____

Estimated Hours Per Week: _____

Minimum Commitment Required: _____

5. STAFFING SCHEDULE

Date	Day	Evening	Night	Total Staff
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Schedule Attached: ☐ Yes ☐ No

6. REQUIRED QUALIFICATIONS

Professional Requirements

☐ Current provincial registration/licence
☐ Current professional liability coverage
☐ Minimum _____ years clinical experience
☐ Recent clinical experience within the last _____ months
☐ Hospital experience
☐ Travel nursing experience
☐ Specialty experience
☐ Ability to work independently
☐ Current CPR/BLS
☐ ACLS
☐ PALS
☐ N95 Fit Testing
☐ WHMIS
☐ Other mandatory certifications: _____

Additional Clinical Skills

_____

_____

_____

7. MANDATORY DOCUMENTATION / CREDENTIALING

The hospital/vendor requires the following documents before commencement:

☐ Resume / CV
☐ Professional licence / registration verification
☐ Government-issued identification
☐ Proof of professional liability insurance
☐ CPR/BLS certificate
☐ ACLS/PALS certificate, if applicable
☐ Immunization records
☐ TB screening
☐ COVID-19 vaccination/testing documentation, if required
☐ Criminal Record / Vulnerable Sector Check, if applicable
☐ References
☐ Recent employment verification
☐ Health screening / medical clearance, if required
☐ N95 fit-test documentation
☐ WHMIS certificate
☐ Other: _____

Credentialing Deadline: _____

8. BILLING / CONTRACT INFORMATION

Agreed / Requested Hourly Rate: $_____ / hour

Overtime Rate: $_____ / hour

Weekend Rate: $_____ / hour

Statutory Holiday Rate: $_____ / hour

On-Call Rate: $_____ / hour

Call-Back Rate: $_____ / hour

Cancellation Terms: _____

Travel / Accommodation Required:
☐ Yes ☐ No

If yes:

☐ Airfare
☐ Mileage
☐ Rental Vehicle
☐ Taxi / Uber
☐ Accommodation
☐ Meal Allowance
☐ Other: _____

Travel/Reimbursement Terms:

_____

_____

9. FACILITY REQUIREMENTS

Orientation Required:
☐ Yes ☐ No

Orientation Duration: _____

Facility-Specific Training:

_____

Uniform / Dress Code:

Equipment Provided by Facility:

Parking Provided: ☐ Yes ☐ No

Accommodation Provided: ☐ Yes ☐ No

Meals Provided: ☐ Yes ☐ No

Other Facility Requirements:

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10. BILLING CONTACT

Billing Department / Contact: _____

Contact Telephone: _____

Email: _____

Invoice Submission Method:
☐ Email
☐ Vendor Portal
☐ Purchase Order System
☐ Other: _____

Invoice Frequency:
☐ Weekly
☐ Biweekly
☐ Monthly
☐ Other: _____

Payment Terms:

☐ Net 15
☐ Net 30
☐ Net 45
☐ Net 60
☐ Other: _____

11. URGENCY / PRIORITY

Request Priority:

☐ **URGENT** – Coverage required immediately
☐ **HIGH** – Coverage required within 7 days
☐ **NORMAL** – Coverage required within 14–30 days
☐ **PLANNED** – Future staffing requirement

Reason for Request:

☐ Staff shortage
☐ Sick leave
☐ Vacation coverage
☐ Maternity/parental leave
☐ Increased patient census
☐ Seasonal demand
☐ Permanent vacancy
☐ Emergency coverage
☐ Other: _____

Additional Comments:

_____

_____

_____

12. FACILITY AUTHORIZATION

I certify that the information provided in this Staffing Requisition Form is accurate and represents the staffing requirements of the facility/department identified above. I authorize MKCK Healthcare & Professional Services Inc. to source and submit qualified healthcare professionals for consideration in accordance with the applicable vendor agreement and staffing requirements.

Authorized Representative Name:

Title: _____

Signature: _____

Date: _____

Purchase Order / Requisition No.: _____

13. FOR MKCK HEALTHCARE & PROFESSIONAL SERVICES INC. USE ONLY

Requisition No.: _____

Date Received: _____

Received By: _____

Recruiter Assigned: _____

Priority: ☐ Urgent ☐ High ☐ Normal ☐ Planned

Candidates Required: _____

Candidates Submitted: _____

Candidates Interviewed: _____

Candidate Selected: _____

Start Date Confirmed: _____

Contract / Assignment No.: _____

Facility Confirmation Received: ☐ Yes ☐ No

PO Received: ☐ Yes ☐ No

Credentialing Completed: ☐ Yes ☐ No

Final Approval: _____

Notes:

_____

_____

_____

CONFIDENTIALITY & COMPLIANCE:

This requisition contains information relating to healthcare staffing requirements and is intended solely for authorized representatives of the requesting facility and MKCK Healthcare & Professional Services Inc. All candidate information and professional credentials shall be handled confidentially and in accordance with applicable privacy, employment, professional regulatory, and healthcare requirements.