



**CANDIDATE SUBMITTAL**  
**trustaff Travel Nurses**

The file for the following candidate is attached for consideration of the travel assignment listed:

- ▶ **Candidate: Mary Ann Sager**
- ▶ **Best Number to Contact For Phone Screen: (567)686-6030**
- ▶ **Specialty Applying For: ICU/CCU RN / 364619**
- ▶ **Shift Preference: 12 HR AM**
- ▶ **Date Available: 2020-09-14**
- ▶ **Term of Assignment: up to 13 Weeks**
- ▶ **Requested Time Off: 0**
- ▶ **Best Time to contact for Interview: Anytime**
- ▶ **Comments:**

**Lori Press-Vidal**  
**Your Account Manager**



trustaff has earned The Joint Commission's Gold Seal of Approval



trustaff.com 877.880.0346





**Mary Ann Sager**

### General Information

|                            |                                   |   |              |                     |
|----------------------------|-----------------------------------|---|--------------|---------------------|
| <b>First Name</b>          | <b>Middle Name</b>                | <b>Last Name</b>                        |              |                     |
| Mary Ann                   | Ann                               | Sager                                   |              |                     |
| <b>Address</b>             |                                   | <b>City</b>                             | <b>State</b> | <b>Zip</b>          |
| 6693 County Road T         |                                   | Liberty Center                          | OH           | 43532               |
| <b>Email Address</b>       |                                   | <b>How did you hear about Trustaff?</b> |              |                     |
| sagm00@yahoo.com           |                                   | Referral Ryan Shane Wesley              |              |                     |
| <b>Home Phone</b>          | <b>Cell Phone</b>                 | <b>Other Contact Phone</b>              |              | <b>Contact Time</b> |
| 567-686-6030               | 567-686-6030                      | 567-686-6030                            |              |                     |
| <b>Years of Experience</b> | <b>Years of Travel Experience</b> | <b>Occupation</b>                       |              |                     |
| 15+                        | 0 year(s), 6 month(s)             | ICU/CCU RN                              |              |                     |

### Employment Profile

|   |     |
|---|-----|
| Can you provide proof of eligibility to work in the United States?  | Yes |
| Have you ever been convicted of a crime that would prevent employment at a health care facility? If yes, please provide a detailed explanation on a separate sheet of paper.                                    | No  |
| Have you ever had a license or certification investigated, revoked, or suspended? If yes, please provide a detailed explanation on a separate sheet of paper.   | No  |
| Are you willing to submit to a criminal background check?   | Yes |
| Are you willing to submit to a drug screen?   | Yes |
| Do you have any limitations that would restrict you from performing essential functions in the position for which you are applying? If yes, please provide a detailed explanation on a separate sheet of paper. | No  |
| Are your driving privileges suspended or revoked in any state?  | No  |
| Are you nicotine free?  | No  |

### Education

|                             |                 |                               |                         |                      |
|-----------------------------|-----------------|-------------------------------|-------------------------|----------------------|
| <b>School / University</b>  | <b>Location</b> | <b>Month / Year Graduated</b> | <b>Degree / Diploma</b> | <b>Area of study</b> |
| Southeast Community College | Cumberland, KY  | May 1988                      | AS                      | nursing              |

### Expertise / Experience

|                         |                            |
|-------------------------|----------------------------|
| <b>Unit / Specialty</b> | <b>Years of Experience</b> |
| ICU/CCU RN              | 27 year(s), 9 month(s)     |
| CVICU RN                | 27 year(s), 9 month(s)     |



**Mary Ann Sager**

**Work History**

| Facility   | Location            | Dates Employed             | Unit / Setting  | Beds / Patients / Scripts |
|--|---------------------|----------------------------|---|---------------------------|
| <i>Mercy St Anne Hospital</i>  | <i>Toledo, OH</i>   | <i>July 1993 - Present</i> | <i>CVICU RN, ICU Medical, ICU Surgical, ICU/CCU RN, Stepdown RN</i> | <i>12</i>                 |
| Supervisor   | Phone               | Charting                   | Reason for Leaving  | Type                      |
| <i>Bruce Tucker</i>  | <i>419-407-2525</i> | <i>Mckesson</i>            | <i>Relocation</i>   | <i>Full-Time</i>          |
| Unit Level   |                     |                            | May we contact this employer?                                       | Nurse to Patient ratio    |
|  |                     |                            | <i>Yes</i>  | <i>2</i>                  |
| Notes  |                     |                            |   |                           |
| <i>NIHS stroke certification, ACLS, compentent in CRRT. 32 years bedside critical care, floats to CVICU, and stepdown/telemetry as needed.</i> |                     |                            |   |                           |

| Facility   | Location             | Dates Employed                     | Unit / Setting                | Beds / Patients / Scripts |
|--|----------------------|------------------------------------|-------------------------------|---------------------------|
| <i>Blake Medical Center</i>                                      | <i>Bradenton, FL</i> | <i>September 2020 - March 2021</i> | <i>ICU/CCU RN</i>             | <i>0</i>                  |
| Supervisor   | Phone                | Charting                           | Reason for Leaving            | Type                      |
| <i>Various</i>   | <i>941-792-6611</i>  | <i>Meditech</i>                    | <i>Assignment Ended</i>       | <i>Travel</i>             |
| Unit Level   |                      |                                    | May we contact this employer? | Nurse to Patient ratio    |
|  |                      |                                    | <i>Yes</i>                    |                           |
| Notes  |                      |                                    |                               |                           |
| <i>Trauma, Sepsis, Neuro, Medical, and Surgical ICU patients</i> |                      |                                    |                               |                           |



**Mary Ann Sager**

***Professional References***

| Name         | Title   | Facility         | Contact Number | Email               |
|--------------|---------|------------------|----------------|---------------------|
| Evan Hollar  | Lead RN | St Anne Hospital | 330-316-4929   | hollare@findlay.edu |
| Chris Minard | Lead RN | St Anne Hospital | 419-902-0885   | cminard2@gmail.com  |

***Licenses***

| State | License Number | Issue Date | Expiration Date |
|-------|----------------|------------|-----------------|
| OH    | RN243230       | 02/26/1993 | 10/31/2021      |
| FL    | RN66563        | 05/01/2020 | 04/30/2022      |

***Certifications***

| Certification | Issuing Authority          | Issue Date | Expiration Date |
|---------------|----------------------------|------------|-----------------|
| ACLS          | American Heart Association | 11/26/2019 | 11/26/2021      |
| BLS           | American Heart Association | 11/26/2019 | 11/26/2021      |

***Application Certification***

I certify that all statements made in this application are true to the best of my knowledge. I understand that any falsification or misleading information given in my application may result in the termination of my employment with Trustaff, Inc.

Furthermore, I understand that my professional conduct and clinical performance is directly related to my ability to be placed on assignments for Trustaff and that I will adhere to all expectations set forth in the employee handbook. I authorize Trustaff to verify the information I have provided, to contact references, and to conduct a criminal background check concerning my ability, character, and past employment record.

I understand that nothing contained in this application is intended to create an employment contract, either verbal or written, with Trustaff or their clients. Furthermore, I understand that in the event of my employment, it is "at will" and that Trustaff or I may terminate my employment at any time with or without notice and with or without cause.

Mary Ann Sager  
Signature

4/8/2021 12:26:51 PM IP Address:174.253.162.66  
Date

**RETURN FAX COMPLETED FORMS TO 888-897-9197**



## Skills Check List

### ICU/CCU RN

**Name** Mary Ann Ann Sager  
**Email** sagm00@yahoo.com  
**Completed on** 8/24/2020

#### Review and Approve

☒ I hereby certify that ALL information I have provided to trustaff, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

#### Skill Levels

- 1 = Never Performed
- 2 = Limited Experience
- 3 = Comfortable Performing
- 4 = Proficient

#### PRIMARY CRITICAL CARE EXPERIENCE

| ICU | CCU | MICU | SICU | Neuro | Trauma |
|-----|-----|------|------|-------|--------|
| YES | NO  | YES  | YES  | NO    | NO     |

#### CARE OF PATIENTS WITH Level

|                               |   |
|-------------------------------|---|
| Abdominal Aortic Aneurysm     | 4 |
| Acute MI                      | 3 |
| Angioplasty                   | 3 |
| Cardiac Arrest                | 3 |
| Cardiac Tamponade             | 3 |
| Cardiac Transplant            | 2 |
| Cardiomyopathy                | 4 |
| Congestive Heart Failure      | 4 |
| Cor Pulmonale                 | 4 |
| Deep Vein Thrombosis - DVT    | 4 |
| Endocarditis - Bacterial      | 3 |
| Endocarditis - Infective      | 3 |
| Intracoronary Stent Placement | 4 |
| Myocardial contusion          | 3 |
| Pericarditis                  | 3 |
| Acute Pneumonia               | 4 |
| ARDS                          | 4 |
| COPD                          | 4 |
| Lung Transplant               | 1 |

#### CARE OF PATIENTS WITH Level

|                            |   |
|----------------------------|---|
| GI Bleed                   | 4 |
| Inflammatory Bowel Disease | 4 |
| Pancreatitis               | 3 |
| Paralytic Ileus            | 4 |
| Peritonitis                | 4 |
| TURP                       | 4 |
| Urinary Tract Infection    | 4 |
| Adrenal Disorders          | 3 |
| Hyperthyroidism            | 3 |
| Hypothyroidism             | 3 |
| Pituitary Disorders        | 3 |
| Multisystem Organ Failure  | 4 |
| DIC                        | 4 |
| Hypothermia                | 3 |
| Heat Exhaustion/Stroke     | 3 |
| Amputation                 | 4 |
| Orthopedic Injuries        | 3 |
| Osteomyelitis              | 4 |
| Anaphylactic Shock         | 4 |

|                              |   |
|------------------------------|---|
| Pulmonary Edema/Hypertension | 4 |
| Pulmonary Embolism           | 4 |
| Status Asthmaticus           | 4 |
| Tension Pneumothorax         | 3 |
| Tuberculosis                 | 3 |
| Cerebral Aneurysm            | 3 |
| Coma                         | 4 |
| CVA/TIA                      | 3 |
| Encephalitis                 | 3 |
| Intracranial Bleed           | 2 |
| Meningitis                   | 2 |
| Multiple Sclerosis           | 3 |
| Neuromuscular Disease        | 3 |
| Seizures                     | 4 |
| Skull Fracture               | 1 |
| Spinal Cord Injuries         | 1 |
| VP Shunt                     | 1 |
| Acute Renal Failure          | 4 |
| Ileal Conduit Nephrostomy    | 2 |
| Renal Rejection Syndrome     | 3 |
| Renal Transplant             | 2 |
| Hepatic Failure              | 4 |
| Hepatitis                    | 4 |
| Liver Transplant             | 2 |
| Diabetes Insipidus           | 3 |
| Diabetes Mellitus            | 4 |
| Diabetic Ketoacidosis        | 4 |
| HHNK                         | 3 |
| Insulin Shock                | 3 |
| Bowel Obstruction            | 4 |
| Esophageal Bleed             | 3 |

|                               |   |
|-------------------------------|---|
| Cardiogenic Shock             | 4 |
| Hypovolemic Shock             | 4 |
| Neurogenic Shock              | 4 |
| Septic Shock                  | 4 |
| First Degree Burns            | 2 |
| Second Degree Burns           | 2 |
| Third Degree Burns            | 1 |
| Drug Overdose                 | 4 |
| Delirium Tremens              | 4 |
| Bone Marrow Transplant        | 2 |
| Leukemia                      | 3 |
| HIV/AIDS                      | 3 |
| MRSA/VRE                      | 4 |
| Electrocution                 | 2 |
| Hazardous Material Exposure   | 3 |
| Malignant Tumors              | 3 |
| Near Drowning                 | 3 |
| Brain Death/Organ Procurement | 2 |
| Blunt Trauma                  | 1 |
| Chest Trauma                  | 1 |
| Gun Shot/Stab Wound-Abdomen   | 1 |
| Gun Shot/Stab Wound-Chest     | 1 |
| Gun Shot/Stab Wound-Head      | 1 |
| Multiple Trauma               | 1 |
| Renal Trauma                  | 1 |
| Cardiothoracic Surgery        | 3 |
| GI Surgery                    | 4 |
| Neurosurgery                  | 1 |
| Vascular Surgery              | 4 |
| Transfusion Reaction          | 3 |

#### MEDICATION ADMINISTRATION Level

|                        |   |
|------------------------|---|
| Adenosine              | 3 |
| Albuterol (Ventolin)   | 3 |
| Aminophylline          | 3 |
| Amiodarone (Cardarone) | 4 |
| Amrinone (Inocor)      | 3 |

#### MEDICATION ADMINISTRATION Level

|                        |   |
|------------------------|---|
| Metoprolol (Lopressor) | 4 |
| Nitroprusside          | 4 |
| Nitroglycerine         | 4 |
| Paralytic Agents       | 4 |
| Phenobarbital          | 3 |

|                          |   |
|--------------------------|---|
| Aquamephyton             | 3 |
| Atropine                 | 4 |
| Bretylium                | 3 |
| Charcoal                 | 3 |
| Chemotherapeutic agents  | 1 |
| Corticosteroids          | 4 |
| Dobutamine               | 4 |
| Diazepam (Valium)        | 4 |
| Digoxin                  | 4 |
| Diltiazem                | 4 |
| Epinephrine              | 4 |
| Esmolol                  | 4 |
| Insulin                  | 4 |
| Ipecac                   | 1 |
| Isoetharine (Bronkosol)  | 1 |
| Kayexelate               | 4 |
| Lactulose                | 4 |
| Lasix                    | 4 |
| Lidocaine                | 4 |
| Mannitol                 | 4 |
| Metaproterenol (Alupent) | 2 |

|                          |   |
|--------------------------|---|
| Phenytoin (Dilantin)     | 4 |
| Procainamide (Pronestyl) | 3 |
| Propranolol (Inderal)    | 3 |
| Sodium Bicarbonate       | 4 |
| Streptokinase            | 3 |
| Terbutaline              | 2 |
| TPA                      | 3 |
| Vasopressin              | 4 |
| Verapamil                | 3 |
| Continuous IV Infusion   | 4 |
| Ambulatory Infusion Pump | 2 |
| Eye/ear instillations    | 4 |
| IM injections            | 4 |
| Insulin Pump             | 4 |
| IV Push                  | 4 |
| Metered Dose Inhalers    | 4 |
| Nebulizer                | 2 |
| Rectal infusion          | 4 |
| Suppository              | 4 |
| SQ injections            | 4 |
| Z track injections       | 3 |

| PROCEDURES/SKILLS                    | Level |
|--------------------------------------|-------|
| Admission of patients to unit        | 4     |
| A-V Fistula Care                     | 4     |
| Brace/Splint Application             | 4     |
| Bronchoscopy (assist with)           | 4     |
| Foley/Straight Cath insertion & care |       |
| a. male                              | 4     |
| b. female                            | 4     |
| Bladder irrigation                   | 4     |
| Care of suprapubic catheter          | 4     |
| Cardioversion                        | 4     |
| Cast care                            | 3     |
| Cast application (assist with)       | 2     |
| Charge Nurse responsibilities        | 3     |
| Chemotherapy                         | 1     |

| PROCEDURES/SKILLS                 | Level |
|-----------------------------------|-------|
| - whole blood                     | 4     |
| Intravenous Infusions (continued) |       |
| b. Central line care              |       |
| - Broviac                         | 3     |
| - Groshong                        | 4     |
| - Hickman                         | 4     |
| - PICC                            | 4     |
| - Portacath                       | 4     |
| - Quinton                         | 4     |
| c. Hyperalimentation              | 4     |
| d. Intralipids                    | 4     |
| e. Peripheral IV insertion & care |       |
| - Angiocath                       | 4     |
| - Butterfly                       | 3     |
| f. Saline Lock/Heparin Lock       | 4     |

|                                    |   |
|------------------------------------|---|
| Chest physiotherapy                | 3 |
| Chest tube & drainage system       |   |
| a. set up                          | 4 |
| b. assist with insertion           | 4 |
| c. care & maintenance              | 4 |
| d. troubleshooting                 | 4 |
| e. removal                         | 4 |
| CAVH                               | 3 |
| EKG Interpretation                 |   |
| a. 12 lead                         | 4 |
| b. arrhythmias                     | 4 |
| c. lead placement                  | 4 |
| Emergency Tracheostomy-assist      | 2 |
| Extubation                         | 4 |
| Continuous Tube Feeding            | 4 |
| Gavage, intermittent Tube Feeding  | 4 |
| Femoral Artery Sheath Mgmt/Removal | 3 |
| Gastric Lavage, Iced Saline        | 3 |
| Gastric Suction                    |   |
| a. intermittent                    | 4 |
| b. continuous                      | 4 |
| Glasgow Coma Scale                 | 4 |
| Halo Traction/Cervical Tongs       | 1 |
| Hemodialysis - Care during/post    | 3 |
| Hemodynamic Monitoring, Invasive   |   |
| a. Swan-Ganz cath insertion assist | 2 |
| b. Swan-Ganz cath care             | 2 |
| c. MAP                             | 2 |
| d. CVP                             | 2 |
| e. PAWP/Wedge/PA                   | 2 |
| f. Cardiac Output                  | 2 |
| g. Cardiac Index                   | 2 |
| h. SVO2                            | 2 |
| i. Arterial line insertion assist  | 4 |
| j. Arterial line care              | 4 |

|                                  |   |
|----------------------------------|---|
| Intubation (assist with)         | 4 |
| Isolation Procedures             | 4 |
| Lumbar Puncture (assist with)    | 3 |
| Nerve Stimulators                | 4 |
| Neurological Assessments         | 4 |
| Nursing Assessment Care Planning | 4 |
| Oral Airway Insertion            | 4 |
| Oxygen Therapy Administration    |   |
| a. Bag & mask                    | 4 |
| b. ET tube                       | 4 |
| c. External CPAP                 | 4 |
| d. Face mask                     | 4 |
| e. Nasal cannula                 | 4 |
| f. Trach Collar                  | 4 |
| g. BiPAP                         | 4 |
| h. ambu bag                      | 4 |
| Pacemaker                        |   |
| a. external                      | 3 |
| b. permanent                     | 3 |
| c. temporary                     | 3 |
| d. transthoracic                 | 2 |
| Peritoneal Dialysis              |   |
| a. automatic cyclor              | 3 |
| b. manual                        | 3 |
| Peritoneal Lavage                | 3 |
| Restraints                       | 4 |
| Specimen Collection              |   |
| a. Blood                         |   |
| - femoral arterial stick         | 2 |
| - radial arterial stick          | 2 |
| - arterial line                  | 4 |
| - central line                   | 4 |
| - venous stick                   | 4 |
| b. Cultures                      | 4 |
| c. Sputum                        | 4 |
| d. Urine                         | 4 |



|                                      |   |
|--------------------------------------|---|
| Hemodynamic Monitoring, Non-invasive |   |
| a. auscultation                      | 4 |
| b. doppler                           | 4 |
| c. automatic BP cuff                 | 4 |
| d. palpation                         | 4 |
| Interpretation of Lab Results        |   |
| a. Blood gases                       | 4 |
| b. Blood chemistry                   | 4 |
| c. Cardiac enzymes/isoenzymes        | 4 |
| d. CBC                               | 4 |
| e. Coagulation studies               | 4 |
| f. Cultures                          | 4 |
| g. Electrolytes                      | 4 |
| h. Urine dipstick                    | 4 |
| Intestinal Tract Tube Insertion/Care |   |
| a. Gastrostomy tubes                 | 4 |
| b. Jejunostomy tubes                 | 4 |
| c. Nasogastric tubes                 | 4 |
| d. Orogastric tubes                  | 4 |
| e. T-tubes (care only)               | 4 |
| Intraaortic Balloon Pump             | 1 |
| Intracranial Pressure Monitoring     | 1 |
| Intravenous Infusions                |   |
| a. Blood & Blood Products            |   |
| - albumin                            | 4 |
| - auto infusion                      | 2 |
| - cryoprecipitate                    | 1 |
| - fresh frozen plasma                | 4 |
| - packed RBCs                        | 4 |

| PAIN MANAGEMENT                    | Level |
|------------------------------------|-------|
| Pain assessment using pain scales  | 4     |
| Epidural analgesia                 | 3     |
| IV conscious sedation              | 4     |
| Patient controlled analgesia (PCA) | 4     |

| EQUIPMENT | Level |
|-----------|-------|
|           |       |

|                                       |   |
|---------------------------------------|---|
| Suctioning                            |   |
| a. ET tube - closed                   | 4 |
| b. ET tube - open                     | 4 |
| c. Nasal-pharyngeal                   | 4 |
| d. Tracheostomy                       | 4 |
| e. Oral/Yankauer                      | 4 |
| Temperature                           |   |
| a. Axillary                           | 4 |
| b. Oral                               | 4 |
| c. Tympanic                           | 4 |
| Suicide Precautions                   | 4 |
| Thoracentesis/Paracentesis-assist     | 4 |
| Ventricular Assist Device (RVAD,LVAD) | 2 |
| Vent weaning/interpret parameters     | 4 |
| Wound/Ostomy Care                     |   |
| a. Colostomy care/bag change          | 4 |
| b. Ileostomy care/bag change          | 4 |
| c. Irrigations                        | 4 |
| d. Pressure ulcers                    |   |
| - staging                             | 3 |
| - care                                | 3 |
| e. Stasis ulcers                      | 3 |
| f. Staple insertion - assist          | 4 |
| g. Sterile dressing changes           | 4 |
| h. Steristrip application             | 4 |
| i. Surgical wounds with drains        | 4 |
| j. Suturing - assist with             | 4 |

| PAIN MANAGEMENT              | Level |
|------------------------------|-------|
| Narcotic Agents              | 4     |
| Non-narcotic agents          | 4     |
| Non-pharmacological measures | 4     |

| EQUIPMENT | Level |
|-----------|-------|
|           |       |

|                                  |   |                       |   |
|----------------------------------|---|-----------------------|---|
| Automatic BP cuffs               | 4 | Specialty Beds        |   |
| Cardiac Monitor                  | 4 | a. Air fluidized      | 1 |
| Centrifuge                       | 1 | b. Low air loss       | 4 |
| Defibrillator                    | 3 | c. Rotating           | 4 |
| Femoral Hemostasis Devices       | 3 | d. Stryker            | 4 |
| Glucometer                       | 4 | Ventilator            |   |
| Hypo/Hyperthermia blanket        | 4 | a. CPAP               | 4 |
| Infusion Pumps (specific brands) | 4 | b. High frequency jet | 1 |
| Oxygen Analyzer                  | 2 | c. Pressure           | 4 |
| Oxygen Blender                   | 2 | d. T-piece            | 4 |
| Pulse Ox                         | 4 | e. Volume             | 4 |

### Age Specific Skills

Check the box under each age group that you have experience with and are comfortable with for each skill below.

| Understands the different communications needs for the age group & changes communication methods and terminology accordingly |                        |                       |                        |                             |                           |                               |                                 |                              |
|--|------------------------|-----------------------|------------------------|-----------------------------|---------------------------|-------------------------------|---------------------------------|------------------------------|
| Neonates<br>(0-30 days)  | Infants<br>(1 mo-1 yr) | Toddlers<br>(1-3 yrs) | Preschool<br>(4-6 yrs) | School<br>Age<br>(7-12 yrs) | Adolescent<br>(13-18 yrs) | Young<br>Adult<br>(19-39 yrs) | Middle<br>Adults<br>(40-64 yrs) | Older<br>Adults<br>(65+ yrs) |
| NO   | NO                     | NO                    | NO                     | NO                          | NO                        | YES                           | YES                             | YES                          |

  

| Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately |                        |                       |                        |                             |                           |                               |                                 |                              |
|--|------------------------|-----------------------|------------------------|-----------------------------|---------------------------|-------------------------------|---------------------------------|------------------------------|
| Neonates<br>(0-30 days)  | Infants<br>(1 mo-1 yr) | Toddlers<br>(1-3 yrs) | Preschool<br>(4-6 yrs) | School<br>Age<br>(7-12 yrs) | Adolescent<br>(13-18 yrs) | Young<br>Adult<br>(19-39 yrs) | Middle<br>Adults<br>(40-64 yrs) | Older<br>Adults<br>(65+ yrs) |
| NO   | NO                     | NO                    | NO                     | NO                          | NO                        | YES                           | YES                             | YES                          |

  

| Understands the different safety risks for the age group and alters the environment accordingly |                        |                       |                        |                             |                           |                               |                                 |                              |
|---|------------------------|-----------------------|------------------------|-----------------------------|---------------------------|-------------------------------|---------------------------------|------------------------------|
| Neonates<br>(0-30 days)   | Infants<br>(1 mo-1 yr) | Toddlers<br>(1-3 yrs) | Preschool<br>(4-6 yrs) | School<br>Age<br>(7-12 yrs) | Adolescent<br>(13-18 yrs) | Young<br>Adult<br>(19-39 yrs) | Middle<br>Adults<br>(40-64 yrs) | Older<br>Adults<br>(65+ yrs) |
| NO  | NO                     | NO                    | NO                     | NO                          | NO                        | YES                           | YES                             | YES                          |

  

| Understands the normal growth and development for the age group and adapts care accordingly |                        |                       |                        |                             |                           |                               |                                 |                              |
|---|------------------------|-----------------------|------------------------|-----------------------------|---------------------------|-------------------------------|---------------------------------|------------------------------|
| Neonates<br>(0-30 days)   | Infants<br>(1 mo-1 yr) | Toddlers<br>(1-3 yrs) | Preschool<br>(4-6 yrs) | School<br>Age<br>(7-12 yrs) | Adolescent<br>(13-18 yrs) | Young<br>Adult<br>(19-39 yrs) | Middle<br>Adults<br>(40-64 yrs) | Older<br>Adults<br>(65+ yrs) |
| NO  | NO                     | NO                    | NO                     | NO                          | NO                        | YES                           | YES                             | YES                          |

### Language Skills

|   |     |
|---|-----|
| Do you have the ability to fluently speak, read and write in English?         | YES |
| Do you have the ability to fluently speak, read and write any other language? | NO  |



## Reference Check

**Applicant Name:** Mary Ann Sager

**Facility:** Mercy St Anne Hospital

**Position and Unit:** ICU/CCU RN

**Dates of Employment:** July 1993 to Present

**Supervisor Name and Title:** Evan Hollar; Lead RN

**Supervisor Phone Number:** 330-316-4929

**Person Conducting Reference Check:** Jonathan Horner

**Declined Comment (Verify Dates of Employment Only) : No**

|  |                                 |                                 |           |
|--|---------------------------------|---------------------------------|-----------|
| <b>Attitude</b>                        | Excellent                       | <b>Quality of Work</b>          | Excellent |
| <b>Cooperation</b>                     | Excellent                       | <b>Quantity of Work</b>         | Excellent |
| <b>Professional Appearance</b>         | Excellent                       | <b>Critical Thinking Skills</b> | Excellent |
| <b>Dependability</b>                   | Excellent                       | <b>Clinical Skills</b>          | Excellent |
| <b>Attendance &amp; Punctuality</b>    | Excellent                       | <b>Prioritizing Skills</b>      | Excellent |
| <b>Adaptability to Work Situations</b> | Excellent                       | <b>Safety Awareness</b>         | Excellent |
| <b>Eligible to rehire:</b>             | Yes                             |                                 |           |
| <b>Comments:</b>                       |                                 |                                 |           |
|  | <b>Date of Reference Check:</b> | 8/24/2020                       |           |



## Reference Check

**Applicant Name:** Mary Ann Sager

**Facility:** Mercy St. Anne Hospital

**Position and Unit:** ICU Medical, ICU Surgical, ICU/CCU RN, RN

**Dates of Employment:** July 1993 to Present

**Supervisor Name and Title:** Chris Minard; RN Supervisor

**Supervisor Phone Number:** (419) 902-0885

**Person Conducting Reference Check:** Nicholas Jones

**Declined Comment (Verify Dates of Employment Only) : Yes**

|  |                                 |                                 |           |
|--|---------------------------------|---------------------------------|-----------|
| <b>Attitude</b>                        | Excellent                       | <b>Quality of Work</b>          | Excellent |
| <b>Cooperation</b>                     | Excellent                       | <b>Quantity of Work</b>         | Excellent |
| <b>Professional Appearance</b>         | Excellent                       | <b>Critical Thinking Skills</b> | Excellent |
| <b>Dependability</b>                   | Excellent                       | <b>Clinical Skills</b>          | Excellent |
| <b>Attendance &amp; Punctuality</b>    | Excellent                       | <b>Prioritizing Skills</b>      | Excellent |
| <b>Adaptability to Work Situations</b> | Excellent                       | <b>Safety Awareness</b>         | Excellent |
| <b>Eligible to rehire:</b>             | Yes                             |                                 |           |
| <b>Comments:</b>                       |                                 |                                 |           |
|  | <b>Date of Reference Check:</b> | 8/25/2020                       |           |

# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**MARY ANN SAGER [NCSBN ID: 42282269]**

Wednesday, April 07 2021 09:09:41 AM

## Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

This report does not contain MARY ANN SAGER's licenses from: INDIANA (RN), KENTUCKY (RN), KENTUCKY (PN)

For a full report please visit [www.nursys.com](http://www.nursys.com) and print the report of all licenses.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| SAGER, MARY ANN | RN   | OHIO          | 243230  | YES    | UNENCUMBERED   | 02/26/1993                  | 10/31/2021              | N/A            |

| Name on License | Type | License State | License   | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------|------|---------------|-----------|--------|----------------|-----------------------------|-------------------------|----------------|
| SAGER, MARY ANN | RN   | FLORIDA       | RN9432244 | YES    | UNENCUMBERED   | 05/05/2016                  | 04/30/2022              | SINGLE STATE   |

## Where can the nurse practice as an RN and/or PN?

### Authorized to Practice in

FLORIDA (RN)

OHIO (RN)

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details.

APRN authorization to practice details are not available.

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

## License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

## License status information

- Unencumbered (full unrestricted license to practice)

- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

#### **Nurse Licensure Compact (NLC) information**

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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## Person Profile

**\* First Name:** MARY ANN**\* Address Line 1:** 6693 COUNTY ROAD T**\* Sex:** FEMALE**Middle Name:****Address Line 2:****\* Race:** WHITE**\* Last Name:** SAGER**\* City:** LIBERTY CENTER**\* Hair Color:** Brown**Suffix:****\* State:** Ohio**\* Eye Color:** Blue**Aliases:****\* ZIP:** 43532**\* Height:** 5' 08"**County:****\* Weight:** 200 lbs.**\* SSN:** XXX-XX-4071**\* Date of Birth:** 2/16/1965**Phone Number:****\* Place of Birth:** Ohio**Email Address:**[Edit](#)

### Screenings in Process

| Screening # | Provider | Submitted Date | Status | Status Date | Action |
|-------------|----------|----------------|--------|-------------|--------|
|-------------|----------|----------------|--------|-------------|--------|

[Initiate New Screening](#)[Initiate Agency Review](#)[Initiate Resubmission](#)**Retained Prints Expiration Date:** 4/19/2021**Clearinghouse Screening Available?:** Yes

### Agency for Health Care Administration Eligibility ?

| Type       | Item   | Status                 | Eligibility Determination Date |
|------------|--|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider     | Agency Review Required |                                |
| Employment | Non-Medicaid / Medicare Participating Provider | Agency Review Required |                                |
| Position   | Medicaid Provider Enrollment                   | Agency Review Required |                                |
| Position   | AHCA Provider/Facility Licensure               | Agency Review Required |                                |

### Department of Health Licensure Status (As reported by the DOH Medical Quality Assurance Licensure system) ?

| Profession       | License # | Original Date | Expiration Date | License Status |
|------------------|-----------|---------------|-----------------|----------------|
| REGISTERED NURSE | 9432244   | 5/5/2016      | 4/30/2022       | CLEAR          |

### Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)

| Provider               | Position | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date | Action |
|------------------------|----------|--------------------------------|------------------------------|----------|--------|
| No records to display. |          |                                |                              |          |        |

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If you have any background screening questions or issues please [contact us](#).