# PROFILE TEMPLATE

#### **Contact Information**

678-111-1111

tnuser@yopmail.com

PO box 110, 6/123, Aurora, South Dakota

Monday-Friday | 9am-6pm EST

#### **Active Certifications**

• ENPC | Expires : 11/21/2024

PALS | Expires : 11/12/2024

· certificate again | Expires : 11/02/2024

• Nursing Certificate | Expires : 11/15/2030

#### **Education**

Apex | La | Test | 3/2023

test | india | MCA | 12/2015

# **TN User**

Registered Nurse Case Manager

#### **Active State License**

LPN/LVN

LPN/LVN | Expires: 11/27/2024

Test

Test | Expires: 11/10/2033

#### Summary

Desired Shift: Day

· Available Start Date: 11/30/2024

Years of Experience: 5 year(s)

• Experience in Specialty: 1year(s)

• RTO: 11/21/2024-11/22/2024

• EMR Experience: Yes

· Teaching Hospital Experience: Not Sure

Travel Experience: 5 year(s)

Fully Vaccinated: YES

#### **Work Experience**

- Licensed Practical Nurse/Licensed Vocational Nurse | test | Permanent | Licensed Practical Nurse/Licensed Vocational Nurse | 2/2011 2/2015 | Artemus | Kentucky | Hospital ER
- Certified Respiratory Therapist (CRT) | ABC Tech | Certified Respiratory Therapist (CRT) | 03/2019 12/2022 | Respiratory

## • L & D Skills Checklist | 11/08/2024

#### WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	○ 1 ○ 2 ● 3 ○ 4	0 1 0 2 0 3 0 4
Trauma Center	○ 1 ○ 2 ● 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Academic/Teaching Facility	○ 1 ○ 2 ○ 3 ● 4	○ 1 ○ 2 ○ 3 ○ 4
Outpatient Care Facility	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Long term care/Skilled Nursing	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
Clinic/Ambulatory	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
Home Health Setting	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4

#### GENERAL SKILLS EXPERIENCE

	Proficiency	Frequency
Advanced directives	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Patient / family teaching	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Discharge planning	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Lift / transfer devices	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Specialty beds	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Restrictive devices (restraints)	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
End of life care / palliative care	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Wound assessment & care	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Automated Medication Dispensing System, Pyxis, Omnicell, or other	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Bar coding for medication administration	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Coaching needs: physical / emotional / comfort	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Assist with sterile speculum exam (effacement, dilation, station, presentation)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Vaginal exam (effacement, dilation, station, presentation)	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Performs sterile speculum exam independently	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Use of doppler	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
National Patient Safety Goals	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Accurate patient identification	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Effective communication	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Time out protocol	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Interpretation & communication of lab values	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4

0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
	<ul> <li>1</li></ul>

#### CARDIAC MONITORING & EMERGENCY CARE EXPERIENCE

	Proficiency	Frequency
Preparation & administration of emergency drugs	◎ 1 ◎ 2 ◎ 3 ◎ 4	○ 1 ○ 2 ○ 3 ○ 4
Infant / neonatal arrest / NRP	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Adult cardiac arrest / ACLS	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Obtains 12 lead EKG	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Interpretation of rhythm strips	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Use of rapid response teams	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Pulse oximetry	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Interpretation of ABG's	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
O2 (NC / mask / oxyhood)	○ 1 ○ 2 ○ 3 ○ 4	O 1 O 2 O 3 O 4
Assist with intubation	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Suctioning	○ 1 ○ 2 ○ 3 ○ 4	O 1 O 2 O 3 O 4

#### IV THERAPY EXPERIENCE

	Proficiency	Frequency
Start & maintain peripheral IV	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Start & maintain scalp veins	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Maintain central lines (CVC / PICC)	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Administration of blood & blood products	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
TPN/lipids	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Use of infusion pumps / drips / IV monitoring	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4

#### PATIENT MONITORING EXPERIENCE

	Proficiency	Frequency
Assist / monitor anesthesia	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
General Anesthesia	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4

## • Nov | 11/09/2024

### WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	○ 1 ○ 2 ○ 3 ● 4	○ 1 ○ 2 ● 3 ○ 4
Trauma Center	○ 1 ○ 2 ○ 3 ● 4	○ 1 ○ 2 ● 3 ○ 4
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Clinic/Ambulatory	○ 1 ○ 2 ● 3 ○ 4	○ 1 ○ 2 ○ 3 ● 4
Home Health Setting	○ 1 ○ 2 ● 3 ○ 4	○ 1 ○ 2 ○ 3 ● 4

### GENERAL SKILLS EXPERIENCE

	Proficiency	Frequency
Advanced directives	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
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Discharge planning	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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Restrictive devices (restraints)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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Obtains 12 lead EKG	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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### IV THERAPY EXPERIENCE

	Proficiency	Frequency
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Start & maintain scalp veins	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Maintain central lines (CVC / PICC)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

#### PATIENT MONITORING EXPERIENCE

	Proficiency	Frequency
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General Anesthesia	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4

#### Reference 1

## **Employment Information**

Facility Dates of Employment Address ABCD VPO

Title while Employed Specialty Worked Phone

09772999973

	Yes	No
1. How long have you worked with this candidate?		✓
2. Is this person honest, reliable, and trustworthy?	<b>√</b>	
3. Was this candidate on a travel assignment?	<b>√</b>	
4. Is this candidate eligible for rehire?		<b>√</b>

### Candidate Employment Evaluation

Criteria	Poor	Fair	Average	Good	Excellent
1. Quality of Work			<b>√</b>		
2. Clinical Knowledge/Skills			<b>√</b>		
3. Attendance/Dependability			✓		
4. Interpersonal/Communication Skills			✓		
5. Relationship with Others			✓		
6. Acceptance of Supervision			✓		

### **Additional Comments**

## Reference Completed By

Title Phone Name Email

ajay Kumar 09772999973 Sharma

ajaygreat16@gmail.com

Signature Reference Information Verified By Date Date 12/31/1969 Automated System 11/26/2024 Ajay

#### Reference 2

# **Employment Information**

Dates of Employment Facility Address

test 12/31/1969 2-b-13 new housing board shastri nagar

Title while Employed Specialty Worked Phone

09772999973 test etst

	Yes	No
1. How long have you worked with this candidate?	<b>√</b>	
2. Is this person honest, reliable, and trustworthy?		
3. Was this candidate on a travel assignment?		
4. Is this candidate eligible for rehire?		

## Candidate Employment Evaluation

Criteria	Poor	Fair	Average	Good	Excellent
1. Quality of Work					✓
2. Clinical Knowledge/Skills					✓
3. Attendance/Dependability					✓
4. Interpersonal/Communication Skills					✓
5. Relationship with Others					✓
6. Acceptance of Supervision					✓

#### **Additional Comments**

# Reference Completed By

Title Phone Email Name

harshbadiwal58@gmail.com harshit badiwal test test

Signature Reference Information Verified By Date Date

Automated System 12/31/1969 11/26/2024 test

#### Reference 3

## **Employment Information**

Facility Dates of Employment Address Facility Title 12/12/2012

Title while Employed Specialty Worked Phone

test

	Yes	No
1. How long have you worked with this candidate?	✓	
2. Is this person honest, reliable, and trustworthy?	✓	
3. Was this candidate on a travel assignment?		✓
4. Is this candidate eligible for rehire?		✓

# Candidate Employment Evaluation

Criteria	Poor	Fair	Average	Good	Excellent
1. Quality of Work	<b>√</b>				
2. Clinical Knowledge/Skills					✓
3. Attendance/Dependability		✓			
4. Interpersonal/Communication Skills				<b>√</b>	
5. Relationship with Others			✓		
6. Acceptance of Supervision		<b>√</b>			

#### **Additional Comments**

\_

# Reference Completed By

Name Title Phone Email

Test 9876543210 test@gmail.com

Signature Date Reference Information Verified By Date

*Test* 12/31/1969 Automated System 11/26/2024

### **Documents**



Document | COVID



Test PDF | References