

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

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

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

Skill Checklists

• L & D Skills Checklist | 11/08/2024

WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	<div><div></div> 1 <div></div> 2 <div><div></div></div> 3 <div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>
Trauma Center	<div><div></div> 1 <div></div> 2 <div><div></div></div> 3 <div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>
Academic/Teaching Facility	<div><div></div> 1 <div></div> 2 <div></div> 3 <div><div></div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>
Outpatient Care Facility	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>
Long term care/Skilled Nursing	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>
Clinic/Ambulatory	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>
Home Health Setting	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>	<div><div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4</div>

GENERAL SKILLS EXPERIENCE

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

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

PATIENT MONITORING EXPERIENCE

	Proficiency	Frequency
Assist / monitor anesthesia	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
General Anesthesia	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

• Nov | 11/09/2024

WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
Trauma Center	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
Academic/Teaching Facility	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
Outpatient Care Facility	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4
Long term care/Skilled Nursing	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4
Clinic/Ambulatory	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4
Home Health Setting	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4

GENERAL SKILLS EXPERIENCE

	Proficiency	Frequency
Advanced directives	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Patient / family teaching	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Discharge planning	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Lift / transfer devices	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Specialty beds	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Restrictive devices (restraints)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
End of life care / palliative care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Wound assessment & care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Automated Medication Dispensing System, Pyxis, Omnicell, or other	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Bar coding for medication administration	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

CARDIAC MONITORING & EMERGENCY CARE EXPERIENCE

	Proficiency	Frequency
Preparation & administration of emergency drugs	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Infant / neonatal arrest / NRP	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Adult cardiac arrest / ACLS	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Obtains 12 lead EKG	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Interpretation of rhythm strips	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

IV THERAPY EXPERIENCE

	Proficiency	Frequency
Start & maintain peripheral IV	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Start & maintain scalp veins	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Maintain central lines (CVC / PICC)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

PATIENT MONITORING EXPERIENCE

	Proficiency	Frequency
Assist / monitor anesthesia	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
General Anesthesia	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Reference 1

Employment Information

Facility	Dates of Employment	Address
ABCD	-	VPO
Title while Employed	Phone	Specialty Worked
-	09772999973	-

	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			✓		
2. Clinical Knowledge/Skills			✓		
3. Attendance/Dependability			✓		
4. Interpersonal/Communication Skills			✓		
5. Relationship with Others			✓		
6. Acceptance of Supervision			✓		

Additional Comments

-

Reference Completed By

Name	Title	Phone	Email
ajay Kumar	Sharma	09772999973	ajaygreat16@gmail.com
Signature	Date	Reference Information Verified By	Date
Ajay	12/31/1969	Automated System	11/26/2024

Reference 2

Employment Information

Facility	Dates of Employment	Address
test	12/31/1969	2-b-13 new housing board shastri nagar
Title while Employed	Phone	Specialty Worked
etst	09772999973	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					✓
2. Clinical Knowledge/Skills					✓
3. Attendance/Dependability					✓
4. Interpersonal/Communication Skills					✓
5. Relationship with Others					✓
6. Acceptance of Supervision					✓

Additional Comments

-

Reference Completed By

Name	Title	Phone	Email
harshit badiwal	test	test	harshbadiwal58@gmail.com
Signature	Date	Reference Information Verified By	Date
test	12/31/1969	Automated System	11/26/2024

Reference 3

Employment Information

Facility	Dates of Employment	Address
Facility Title	12/12/2012	test
Title while Employed	Phone	Specialty Worked
test	test	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	✓				
2. Clinical Knowledge/Skills					✓
3. Attendance/Dependability		✓			
4. Interpersonal/Communication Skills				✓	
5. Relationship with Others			✓		
6. Acceptance of Supervision		✓			



Additional Comments

-

Reference Completed By

Name	Title	Phone	Email
Test	Testing	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](#)