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

Skill Checklists

• L & D Skills Checklist | 11/08/2024

WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Trauma Center	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
Academic/Teaching Facility	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Outpatient Care Facility	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Long term care/Skilled Nursing	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
Clinic/Ambulatory	0 1 0 2 0 3 0 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	O 1 O 2 O 3 O 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	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Lift / transfer devices	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Specialty beds	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Restrictive devices (restraints)	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
End of life care / palliative care	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Wound assessment & care	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Automated Medication Dispensing System, Pyxis, Omnicell, or other	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Bar coding for medication administration	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Coaching needs: physical / emotional / comfort	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Assist with sterile speculum exam (effacement, dilation, station, presentation)	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 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	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Use of doppler	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
National Patient Safety Goals	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Accurate patient identification	0 1 0 2 0 3 0 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	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Medication administration	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Labeling (medications & specimens)	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Medication reconciliation	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Anticoagulation therapy	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Monitoring conscious sedation	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Pain assessment & management	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Use of PCA (IV)	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4

Epidural	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Infection control	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Universal precautions	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Awareness of HCAHPS	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Isolation	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Minimize risk for falls	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Prevention of pressure ulcers	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

CARDIAC MONITORING & EMERGENCY CARE EXPERIENCE

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

WURN 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	0 1 0 2 0 3 0 4
Academic/Teaching Facility	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Outpatient Care Facility	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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Advanced directives	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Patient / family teaching	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
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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

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	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4

References

Reference 1	
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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

Poor Fair Average Good Exceller	
	y of Work
kills	al Knowledge/Skills
bility	dance/Dependability

4. Interpersonal/Communication Skills		✓		
5. Relationship with Others		✓		
6. Acceptance of Supervision		✓		

Additional Comments

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Reference Completed By

Name Title Phone Email

ajay Kumar 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 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

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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





Test PDF | References