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 | ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Outpatient Care Facility | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| Long term care/Skilled Nursing | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Clinic/Ambulatory | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Home Health Setting | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| Lift / transfer devices | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| Specialty beds | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| Assist with sterile speculum exam (effacement, dilation, station, presentation) | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Accurate patient identification | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Medication administration | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Labeling (medications & specimens) | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |

| Medication reconciliation 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 Anticoagulation therapy 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 Monitoring conscious sedation 0 1 0 2 0 3 0 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) 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 Epidural 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 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 0 1 0 2 0 3 0 4 Minimize risk for falls 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 | | | |
|---|-------------------------------|-----------------|-----------------|
| Monitoring conscious sedation 0 1 0 2 0 3 0 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) 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 Epidural 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 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 0 1 0 2 0 3 0 4 | Medication reconciliation | 0 1 0 2 0 3 0 4 | 0 1 0 2 0 3 0 4 |
| Pain assessment & management 1 0 2 0 3 0 4 Use of PCA (IV) 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 Epidural 1 0 2 0 3 0 4 Infection control 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 Inversal precautions | Anticoagulation therapy | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Use of PCA (IV) 1 0 2 0 3 0 4 Epidural 1 0 2 0 3 0 4 Infection control 1 0 2 0 3 0 4 Universal precautions 1 0 2 0 3 0 4 Universal precautions 1 0 2 0 3 0 4 Awareness of HCAHPS 1 0 2 0 3 0 4 1 0 2 0 3 0 4 Isolation | Monitoring conscious sedation | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Epidural 1 0 2 0 3 0 4 1 0 2 0 3 0 4 Infection control 1 0 2 0 3 0 4 1 0 2 0 3 0 4 Universal precautions 1 0 2 0 3 0 4 1 0 2 0 3 0 4 Awareness of HCAHPS 1 0 2 0 3 0 4 1 0 2 0 3 0 4 Isolation 1 0 2 0 3 0 4 1 0 2 0 3 0 4 | Pain assessment & management | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Infection control 1 2 3 4 1 2 3 4 Universal precautions 1 2 3 4 1 2 3 4 Awareness of HCAHPS 1 2 3 4 1 2 3 4 Isolation 1 2 3 4 1 2 3 4 | Use of PCA (IV) | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Universal precautions 1 0 2 0 3 0 4 Awareness of HCAHPS 1 0 2 0 3 0 4 1 0 2 0 3 0 4 Isolation 1 0 2 0 3 0 4 1 0 2 0 3 0 4 | Epidural | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Awareness of HCAHPS 0 1 0 2 0 3 0 4 Isolation 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 | Infection control | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Isolation | Universal precautions | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| | Awareness of HCAHPS | 0 1 0 2 0 3 0 4 | O 1 O 2 O 3 O 4 |
| Minimize risk for falls 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 | 0 1 0 2 0 3 0 4 |
| Prevention of pressure ulcers 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 | Prevention of pressure ulcers | 0 1 0 2 0 3 0 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 | O 1 O 2 O 3 O 4 |
| Infant / neonatal arrest / NRP | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Adult cardiac arrest / ACLS | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Obtains 12 lead EKG | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Interpretation of rhythm strips | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Jse of rapid response teams | 0 1 0 2 0 3 0 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Pulse oximetry | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| nterpretation of ABG's | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| O2 (NC / mask / oxyhood) | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Assist with intubation | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Suctioning | 0 1 0 2 0 3 0 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 | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 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 |
| Academic/Teaching Facility | ○ 1 ○ 2 ○ 3 ● 4 | ○ 1 ○ 2 ● 3 ○ 4 |
| Outpatient Care Facility | ○ 1 ○ 2 ○ 3 ● 4 | ○ 1 ○ 2 ● 3 ○ 4 |
| Long term care/Skilled Nursing | ○ 1 ○ 2 ● 3 ○ 4 | ○ 1 ○ 2 ○ 3 ● 4 |
| 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 | ◎ 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 | ◎ 1 ◎ 2 ◎ 3 ◎ 4 | 0 1 0 2 0 3 0 4 |
| Lift / transfer devices | ◎ 1 ◎ 2 ◎ 3 ◎ 4 | 0 1 0 2 0 3 0 4 |
| Specialty beds | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Restrictive devices (restraints) | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| End of life care / palliative care | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 4 |
| Wound assessment & care | ○ 1 ○ 2 ○ 3 ○ 4 | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 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 | ○ 1 ○ 2 ○ 3 ○ 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 | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| Interpretation of rhythm strips | 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 | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| 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 |
|-----------------------------|-----------------|-----------------|
| Assist / monitor anesthesia | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |
| General Anesthesia | ○ 1 ○ 2 ○ 3 ○ 4 | 0 1 0 2 0 3 0 4 |

References

| Employment Information Facility Dates of Employment Address ABCD - VPO Title while Employed Phone Specialty Worked - 09772999973 - | Reference 1 | |
|--|--|--|
| ABCD - VPO Title while Employed Phone Specialty Worked | Employment Information | |
| | The state of the s | |
| | | |

| | 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

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

-

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

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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