### 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**

• BLS/CPR | Expires : 01/30/2025

#### **Education**

· Apex | USA | BCA | Currently Attending

# **TN** User

Registered Nurse Case Manager

#### **Active State License**

RN

RN | Expires: 01/30/2025

#### **Summary**

• Desired Shift: Days (8 Hours)

Available Start Date: 11/30/2024

Years of Experience: 5 year(s)

• Experience in Specialty: 1year(s)

• RTO: 01/22/2025-01/29/2025

• EMR Experience: Epic,GE Healthcare

Teaching Hospital Experience: Not Sure

• Travel Experience: 5 year(s)

Fully Vaccinated: YES

### **Work Experience**

- Licensed Practical Nurse/Licensed Vocational Nurse | ABC Travel Recruiters | Travel | Licensed Practical Nurse/Licensed Vocational Nurse | Abbeville | Alabama | Clinic
- Certified Nursing Assistant | Travel Agency Partner | Travel | Certified Nursing Assistant | 2/2024 2/2025 | Akiachak | Alaska | Hospital Acute Care

#### **Skill Checklists**

· L & D Skills Checklists | 10/24/2024

#### 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	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
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	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Bar coding for medication administration	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4

#### CARDIAC MONITORING & EMERGENCY CARE EXPERIENCE

	Proficiency	Frequency
Preparation & administration of emergency drugs	O 1 O 2 O 3 O 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	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Interpretation of rhythm strips	0 1 0 2 0 3 0 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	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 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	○ 1 ○ 2 ○ 3 ○ 4
General Anesthesia	○ 1 ● 2 ○ 3 ○ 4	<pre>1 0 2 0 3 0 4</pre>

• L & D Skills Checklist | 11/08/2024

#### 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	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	○ 1 ○ 2 ○ 3 ○ 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	○ 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	O 1 O 2 O 3 O 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
/aginal exam (effacement, dilation, station, presentation)	O 1 O 2 O 3 O 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
Jse of doppler	O 1 O 2 O 3 O 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
nterpretation & communication of lab values	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Medication administration	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
abeling (medications & specimens)	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	◎ 1 ◎ 2 ◎ 3 ◎ 4
Anticoagulation therapy	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Monitoring conscious sedation	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Pain assessment & management	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Use of PCA (IV)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Epidural	○ 1 ○ 2 ○ 3 ○ 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
Minimize risk for falls	○ 1 ○ 2 ○ 3 ○ 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	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
nfant / neonatal arrest / NRP	◎ 1 ◎ 2 ◎ 3 ◎ 4	○ 1 ○ 2 ○ 3 ○ 4
Adult cardiac arrest / ACLS	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
Obtains 12 lead EKG	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
nterpretation of rhythm strips	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Jse of rapid response teams	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Pulse oximetry	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
nterpretation of ABG's	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
D2 (NC / mask / oxyhood)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assist with intubation	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4
Suctioning	○ 1 ○ 2 ○ 3 ○ 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	0 1 0 2 0 3 0 4
Administration of blood & blood products	○ 1 ○ 2 ○ 3 ○ 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	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
General Anesthesia	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

References

### **Employment Information**

Facility Dates of Employment

Testing Web 2-b-13 new housing board shastri nagar

Title while Employed Phone Specialty Worked

test 09772999973 test

	Yes	No
1. How long have you worked with this candidate?	7 Years	
2. Is this person honest, reliable, and trustworthy?	✓	
3. Was this candidate on a travel assignment?		<b>√</b>
4. Is this candidate eligible for rehire?	<b>√</b>	

Address

### 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	<b>√</b>				
5. Relationship with Others	<b>√</b>				
6. Acceptance of Supervision	<b>√</b>				

### Additional Comments

nothing

# Reference Completed By

Name Title Phone Email

harshit badiwal testing 789-456-1230 harshbadiwal58@gmail.com

Signature Date Reference Information Verified By Date

*testing* 12/25/2024 Automated System 12/23/2024

# **Employment Information**

Facility Dates of Employment

harshit badiwal - VPO

Title while Employed Phone Specialty Worked

- 09772999973 -

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

Address

### Candidate Employment Evaluation

Criteria	Poor	Fair	Average	Good	Excellent
1. Quality of Work			✓		
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

Name Title Phone Email

ajay Kumar 097-729-99973 ajaygreat16@gmail.com

Signature Date Reference Information Verified By Date

ajay Kumar 12/31/1969 Automated System 11/26/2024

test

# Employment Information

Facility Dates of Employment

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

Address

Title while Employed Phone Specialty Worked

etst 09772999973 test

	Yes	No
1. How long have you worked with this candidate?	Yes Years	
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					<b>√</b>
3. Attendance/Dependability					<b>√</b>
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

harshit badiwal test test harshbadiwal58@gmail.com

Signature Date Reference Information Verified By Date

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

# **Employment Information**

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

Title while Employed Phone Specialty Worked

test test test

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

test

### Candidate Employment Evaluation

Criteria	Poor	Fair	Average	Good	Excellent
1. Quality of Work	✓				
2. Clinical Knowledge/Skills					<b>√</b>
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

9876543210 Test Testing test@gmail.com

Signature Reference Information Verified By Date Date

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

#### **Documents**



Submission-File-22



Submission-File-21