PROFILE TEMPLATE

Contact Information

4 678-111-1111

tnuser@yopmail.com

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

Monday-Friday | 9am-6pm EST

Active Certifications

• BLS/CPR | Expires : 03/10/2025

Education

· Apex | USA | BCA | Currently Attending

TN User

Registered Nurse Case Manager

Active State License

LPN/LVN

LPN/LVN | Expires: 04/01/2025

Summary

• Desired Shift: Days (8 Hours)

Available Start Date: 11/30/2024

Years of Experience: 5 year(s)

Experience in Specialty: 1year(s)

• RTO: 12/28/2024-03/05/2025

• 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

• L & D Skills Checklist | 11/08/2024

WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	O 1 O 2 • 3 O 4	O 1 O 2 O 3 O 4
Trauma Center	O 1 O 2 • 3 O 4	O 1 O 2 O 3 O 4
Academic/Teaching Facility	○ 1 ○ 2 ○ 3 ● 4	O 1 O 2 O 3 O 4
Outpatient Care Facility	O 1 O 2 • 3 O 4	O 1 O 2 O 3 O 4
Long term care/Skilled Nursing	O 1 O 2 • 3 O 4	O 1 O 2 O 3 O 4
Clinic/Ambulatory	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 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	0 1 0 2 0 3 0 4	
Advanced directives	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Patient / family teaching	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Discharge planning	O 1 O 2 O 3 O 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)	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
End of life care / palliative care	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Wound assessment & care	O 1 O 2 O 3 O 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	O 1 O 2 O 3 O 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	O 1 O 2 O 3 O 4
Vaginal 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
Use of doppler	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
National Patient Safety Goals	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Accurate patient identification	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Effective communication	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Time out protocol	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4

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Interpretation & communication of lab values	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Medication administration	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Labeling (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	O 1 O 2 O 3 O 4
Anticoagulation therapy	0 1 0 2 0 3 0 4	O 1 O 2 O 3 O 4
Monitoring conscious sedation	0 1 0 2 0 3 0 4	O 1 O 2 O 3 O 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	O 1 O 2 O 3 O 4
Isolation	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Minimize risk for falls	0 1 0 2 0 3 0 4	O 1 O 2 O 3 O 4
Prevention of pressure ulcers	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	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	O 1 O 2 O 3 O 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	O 1 O 2 O 3 O 4
Use of rapid response teams	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Pulse oximetry	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Interpretation of ABG's	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
O2 (NC / mask / oxyhood)	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 4
Assist with intubation	O 1 O 2 O 3 O 4	O 1 O 2 O 3 O 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	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Start & maintain scalp veins	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Maintain central lines (CVC / PICC)	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Administration of blood & blood products	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
TPN/lipids	O 1 O 2 O 3 O 4	0 1 0 2 0 3 0 4
Use of infusion pumps / drips / IV monitoring	O 1 O 2 O 3 O 4	○ 1 ○ 2 ○ 3 ○ 4

PATIENT MONITORING EXPERIENCE

	Proficiency	Frequency
Assist / monitor anesthesia	O 1 O 2 O 3 O 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

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

WORK SETTING EXPERIENCE

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Inpatient Acute Care Facility	○ 1 ○ 2 ○ 3 ● 4	O 1 • 2 O 3 O 4
Trauma Center	○ 1 ○ 2 ○ 3 ● 4	○ 1 ● 2 ○ 3 ○ 4
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General Anesthesia	O 1 • 2 O 3 O 4	• 1 0 2 0 3 0 4

References

Reference 1

Employment Information

Facility Dates of Employment End Dates of Employment

Testing Web 12/31/1969

Title while Employed Phone Specialty Worked

test 09772999973 test

Address

2-b-13 new housing board shastri nagar

	Yes	No
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?		✓
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

nothing

Reference Completed By

Name Title Phone Email

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

Signature Date Reference Information Date

 testing
 12/25/2024
 Verified By
 12/23/2024

 Automated System
 Automated System

Reference 2

Employment Information

Facility Dates of Employment End Dates of Employment

harshit badiwal -

Title while Employed Phone Specialty Worked

09772999973

Address

VPO

	Yes	No
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?		√

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 097-729-99973 ajaygreat16@gmail.com

Automated System

Signature Date Reference Information Date

ajay Kumar 12/31/1969 Verified By 11/26/2024

Reference 3

Employment Information

Facility Dates of Employment End Dates of Employment

test 12/31/1969

Title while Employed Phone Specialty Worked

etst 09772999973 test

Address

2-b-13 new housing board shastri nagar

	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					✓
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 Date

test 12/31/1969 Verified By 11/26/2024

Automated System

Reference 4

Employment Information

Facility Dates of Employment End Dates of Employment

Facility Title 12/12/2012 -

Title while Employed Phone Specialty Worked

test test test

Address

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	✓				
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 Date

Test 12/31/1969 Verified By 11/26/2024

Automated System

Documents



Submission-File-1



• Lesting Documnet 22 | Resume