

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> |
| | <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> |

| | | |
|--|---|---|
| Interpretation & communication of lab values | <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 |
| 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 |
| Labeling (medications & specimens) | <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 |
| Medication reconciliation | <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 |
| Anticoagulation therapy | <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 |
| Monitoring conscious sedation | <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 |
| Pain assessment & management | <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 PCA (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 |
| Epidural | <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 |
| Infection control | <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 |
| Universal precautions | <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 |
| Awareness of HCAHPS | <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 |
| Isolation | <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 |
| Minimize risk for falls | <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 |
| Prevention of pressure ulcers | <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 |
| Use of rapid response teams | <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 |
| Pulse oximetry | <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 ABG's | <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 |
| O2 (NC / mask / oxyhood) | <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 |
| Assist with intubation | <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 |
| Suctioning | <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 |
| 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

CRITICAL 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](#)