### 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	0 1 0 2 0 3 0 4
Trauma Center	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Academic/Teaching Facility	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Outpatient Care Facility	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Long term care/Skilled Nursing	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Clinic/Ambulatory	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 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	○ 1 ○ 2 ○ 3 ○ 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	0 1 0 2 0 3 0 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)	○ 1 ○ 2 ○ 3 ○ 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	0 1 0 2 0 3 0 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	○ 1 ○ 2 ○ 3 ○ 4
Interpretation & 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
Labeling (medications & specimens)	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4

Anticoagulation therapy  1 2 3 4  Monitoring conscious sedation  1 2 3 4  Pain assessment & management  1 2 3 4  1 2 3 4  1 2 3 4			
Monitoring conscious sedation       1 0 2 0 3 0 4       1 0 2 0 3 0 4         Pain assessment & management       1 0 2 0 3 0 4       1 0 2 0 3 0 4         Use of PCA (IV)       1 0 2 0 3 0 4       1 0 2 0 3 0 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         Minimize risk for falls       1 0 2 0 3 0 4       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  1 0 2 0 3 0 4  Epidural  1 0 2 0 3 0 4  Infection control  1 0 2	Anticoagulation therapy	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
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	Pain assessment & management	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	Use of PCA (IV)	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  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  0 1 0 2 0 3 0 4  Minimize risk for falls	Epidural	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Awareness of HCAHPS  1 2 3 4  1 2 3 4  Isolation  1 2 3 4  Minimize risk for falls  1 2 3 4  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
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	Universal precautions	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	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
Prevention of pressure ulcers 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
	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	0 1 0 2 0 3 0 4	○ 1 ○ 2 ○ 3 ○ 4
Infant / neonatal arrest / NRP	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Adult cardiac arrest / ACLS	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Obtains 12 lead EKG	○ 1 ○ 2 ○ 3 ○ 4	0 1 0 2 0 3 0 4
Interpretation of rhythm strips	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Use of rapid response teams	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Pulse oximetry	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Interpretation of ABG's	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
O2 (NC / mask / oxyhood)	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Assist with intubation	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Suctioning	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	0 1 0 2 0 3 0 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)	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	0 1 0 2 0 3 0 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	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	

# • Nov | 11/09/2024

### WORK SETTING EXPERIENCE

	Proficiency	Frequency
Inpatient Acute Care Facility	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 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	0 1 0 2 0 3 0 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

### 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	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Adult cardiac arrest / ACLS	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Obtains 12 lead EKG	0 1 0 2 0 3 0 4	0 1 0 2 0 3 0 4
Interpretation of rhythm strips	O 1 O 2 O 3 O 4	◎ 1 ◎ 2 ◎ 3 ◎ 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	○ 1 ○ 2 ○ 3 ○ 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		
Employment Information		
Facility ABCD	Dates of Employment	Address VPO
Title while Employed	Phone 09772999973	Specialty Worked

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

# 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			<b>√</b>		
6. Acceptance of Supervision			<b>√</b>		

#### **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**

test

## Reference Completed By

Name Title Phone Email

harshbadiwal58@gmail.com harshit badiwal test test

Signature Reference Information Verified By Date Date 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 Specialty Worked Phone

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?		<b>√</b>
4. Is this candidate eligible for rehire?		<b>√</b>

### 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		<b>√</b>			

### **Additional Comments**

-

# 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**



testing | Resume



data | Resume