PROFILE TEMPLATE

TN User
Registered Nurse
Case Manager

Contact Information

☎ 678-111-1111

✉ tnuser@yopmail.com

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

🕐 Monday-Friday | 9am-6pm EST

Active State License

• LPN/LVN

LPN/LVN | Expires: 11/27/2024

• Test

Test | Expires: 11/10/2033

Active Certifications

• **ENPC** | **Expires :** 11/21/2024

• **PALS** | **Expires :** 11/12/2024

• **certificate again** | **Expires :** 11/02/2024

• **Nursing Certificate** | **Expires :** 11/15/2030

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

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

• 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	○ 1 ○ 2 ○ 3 ○ 4

GENERAL SKILLS EXPERIENCE

	Proficiency	Frequency
Advanced directives	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Patient / family teaching	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Discharge planning	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Lift / transfer devices	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 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	○ 1 ○ 2 ○ 3 ○ 4
Bar coding for medication administration	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Coaching needs: physical / emotional / comfort	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Assist with sterile speculum exam (effacement, dilation, station, presentation)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Vaginal exam (effacement, dilation, station, presentation)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Performs sterile speculum exam independently	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Use of doppler	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 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	○ 1 ○ 2 ○ 3 ○ 4
Time out protocol	○ 1 ○ 2 ◉ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Interpretation & communication of lab values	○ 1 ○ 2 ◉ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

	Proficiency	Frequency
Medication administration	1 2 3 4	1 2 3 4
Labeling (medications & specimens)	1 2 3 4	1 2 3 4
Medication reconciliation	1 2 3 4	1 2 3 4
Anticoagulation therapy	1 2 3 4	1 2 3 4
Monitoring conscious sedation	1 2 3 4	1 2 3 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 drugs	1 2 3 4	1 2 3 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	1 2 3 4	1 2 3 4
Use of rapid response teams	1 2 3 4	1 2 3 4
Pulse oximetry	1 2 3 4	1 2 3 4
Interpretation 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	1 2 3 4	1 2 3 4

IV THERAPY EXPERIENCE

	Proficiency	Frequency
Start & maintain peripheral IV	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Start & maintain scalp veins	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Maintain central lines (CVC / PICC)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Administration of blood & blood products	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
TPN/lipids	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 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	○ 1 ○ 2 ○ 3 ○ 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
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Home Health Setting	○ 1 ○ 2 ◉ 3 ○ 4	○ 1 ○ 2 ○ 3 ◉ 4

GENERAL SKILLS EXPERIENCE

	Proficiency	Frequency
Advanced directives	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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Lift / transfer devices	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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Restrictive devices (restraints)	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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CARDIAC MONITORING & EMERGENCY CARE EXPERIENCE

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Preparation & administration of emergency drugs	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
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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	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

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	Proficiency	Frequency
Start & maintain peripheral IV	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Start & maintain scalp veins	○ 1 ○ 2 ○ 3 ○ 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	○ 1 ○ 2 ○ 3 ○ 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