# ALLEN MEDICAL STAFFING INC.

Name _____
   Last                        Middle                      First

The following checklist is used to assess your experience and skills and help your Nurse Advisor place you in the proper assignment.

Please provide a self-assessment of your skills using the following guidelines:

1 - No experience
2 – Minimal experience
3 – Proficient, performs independently
4 - Able to educate & supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Nurses 24/7 and facilities where I may be employed.

_____          _____
Signature                                          Date

## Psychiatry

|  | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Anorexia/Bulemia |  |  |  |  |
| Assaultive/Aggressive Patients |  |  |  |  |
| Behavioristic Charting |  |  |  |  |
| Bipolar Patient |  |  |  |  |
| Care Plans |  |  |  |  |
| Crisis Intervention |  |  |  |  |
| Detoxification Therapy |  |  |  |  |
| Drug Overdose |  |  |  |  |
| Drug/Alcohol Abuse |  |  |  |  |
| Drug/Alcohol Detoxification |  |  |  |  |
| Electroconvulsive Therapy |  |  |  |  |
| General Nursing Assessment |  |  |  |  |
| Group Psychotherapy |  |  |  |  |
| Isolation |  |  |  |  |
| Locked Ward |  |  |  |  |
| Milieu Therapy |  |  |  |  |
| Open Ward |  |  |  |  |
| Patient experiencing Hallucinations |  |  |  |  |
| Patient with Schizophrenia |  |  |  |  |
| Psychiatric Patient Admission |  |  |  |  |
| Rapid Tranquilization |  |  |  |  |
| Seizure Disorders |  |  |  |  |
| Seizure Precaution |  |  |  |  |
| Suicidal Ideations |  |  |  |  |

## General Nursing Experience

|  | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Administration of Blood & Blood Products |  |  |  |  |
| Administration of TPN/PPN |  |  |  |  |
| CPR |  |  |  |  |
| Diabetic Patients |  |  |  |  |
| IV Infusion Pumps |  |  |  |  |
| IV Insertion |  |  |  |  |
| Nasogastric Tube Insertion |  |  |  |  |
| Nasogastric Tube Maintenance |  |  |  |  |
| Neuro Assessment |  |  |  |  |
| Oncology Patients |  |  |  |  |
| Patients with Diabetes |  |  |  |  |
| Phlebotomy: Collection Of Blood Specimens |  |  |  |  |
| Urinary (Foley) Catheter Insertion |  |  |  |  |

## Interpretation of Lab Results

|  | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Hematology |  |  |  |  |
| Chemistry |  |  |  |  |
| ABG's |  |  |  |  |

## Age Specific Care:

|  | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Neonate/Infant (Birth - 1 Year) |  |  |  |  |
| Pediatrics (1 - 17 years) |  |  |  |  |
| Adults (18 - 60 years) |  |  |  |  |
| Geriatrics (> 60 Years) |  |  |  |  |