

# ADVANCED CARE SERVICES

**P** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
**P** Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**E** Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager No. \_\_\_\_\_ Business Phone \_\_\_\_\_  
**R** Social Security No. \_\_\_\_\_ CA. Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_  
**S** Pls. Check one: \_\_\_\_\_ Specify, if any:  
 Homemaker  C.N.A  LVN  RN \_\_\_\_\_  
**O** Certification/License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
**N** Are you a U.S. Citizen?  Yes  No  Other: (specify) \_\_\_\_\_  
 Alien Registration Card No. (if not a U.S. citizen) \_\_\_\_\_  
**A** Over 18 year of age?  Yes  No Employment is subject to verification if minor  
**L** Have you ever been convicted of a crime (including sex related or child-abuse related offense)  
 Yes  No If Yes, pls. state details: \_\_\_\_\_  
 How did you learn of our organization?  
 Walk-in  Newspaper ad  Referred by \_\_\_\_\_  Others: \_\_\_\_\_  
**P** Areas preferred:  ICU  MED/SURG  OR  RR  
**R**  L&D  PP  NSY  NICU  
**E**  PSY  OTHERS (specify) \_\_\_\_\_  
**F** Shifts preferred:  7a-3p  3p-11p  11p-7a  7a-7p  
**E**  Weekdays  Weekends  Either  7p-7a  
**R** Assignment:  Private Duty Only  Staff Relief Only  Either  
**E** \_\_\_\_\_

SCHOOL	NAME & ADDRESS OF SCHOOL	FIELD OF STUDY	NO. OF YEARS	DID YOU GRADUATE	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

In case of emergency, Please notify:  
 Name \_\_\_\_\_ Tel. # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_

**WORK EXPERIENCE**

Company Name	Phone Number	Fax No.
Address	City	State
Zip		
Employed from	To	Position
Rate of Pay	Name of Supervisor	Reason for leaving
Describe your work		

Company Name	Phone Number	Fax No.
Address	City	State
Zip		
Employed from	To	Position
Rate of Pay	Name of Supervisor	Reason for leaving
Describe your work		

Company Name	Phone Number	Fax No.
Address	City	State
Zip		
Employed from	To	Position
Rate of Pay	Name of Supervisor	Reason for Leaving
Describe your work		

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT** Employer no(s) \_\_\_\_\_ Reason \_\_\_\_\_

**REFERENCES:**

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal

I understand that acceptance on this application of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage and investigate consumer reporting agency on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

I hereby permit client hospitals access my personal and health files.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



3435 Wilshire Blvd. Ste. 360  
 Los Angeles, CA 90010  
 Tel: (213) 385-5545 Fax: (213) 385-5045

**CERTIFIED NURSING ASSISTANT SKILLS CHECKLIST**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Direction: Please Check Appropriate box. Each basic skills must have one of the three experience choices marked.*

	No Past Experience	Training Only	Experienced (Acute Care Setting)
Taking and recording vital signs: (TPR and BP)			
AM/PM: Back care, skin care, mouth care, hair care			
Pericare Range of motion exercises			
Bed making: Unoccupied, occupied, post-op			
Charting			
Recording % food consumed			
Recording cc's fluid consumed			
Feeding Tubes: Observe tubes are taped securely			
Intake and output recording			
Fluid restrictions			
Pushing fluids			
Ambulation			
Reports patient's tolerance to ambulation			
Use of good body mechanics			
Maintains safety of patient while ambulating			
Uses of mechanical aids if appropriate			
Ted Hose			
Hypo/hyperthermia blankets			
Ice bag/ Moist pack			
Sitz bath (where applicable)			
Oral Suctioning			
Straining urine			
Seizure precaution			
K-Pad			
Sharp Container			

	No Past Experience	Training Only	Experienced (Acute Care Setting)
Electric Thermometer			
BP Equipment and Dinamap			
Electric Beds			
Wheel Chairs			
Gurneys			
Sunction Canisters			
Oxygen flow meter, cannula, mask			
Feeding pumps			
Use of Ace Bandages			
Basic use of Computer			

**Recognizes normals for the following and reports any changes to RN:**

LOC (Level of Consciousness)			
Orientation			
Speech changes, swallowing difficulty			
Skin color, temperature			
Adequate respiratory status			
Imbalance in intake/output			
Abnormal vital signs.			

Signature: \_\_\_\_\_



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**LICENSED VOCATIONAL NURSE SKILLS CHECKLIST**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Direction:** Please check appropriate box. Each basic skills must have one of the three experience choice marked:

	SKILLED	TRAINING ONLY	NO PAST EXPERIENCE
<b>1. EMERGENCY PROCEDURE</b>			
a. CPR			
b. Amby Bag			
<b>2. MEDICATION ADMINISTRATION</b>			
a. Unit dose			
b. Oral			
c. Intramuscular			
d. Z-Track			
e. Intradermal			
f. Charting Medication Given			
g. Charting outcomes of Medications			
<b>3. DIRECT PATIENT CARE</b>			
a. Bed Making			
b. Bed Bath			
c. Oray Hygiene			
d. Vital Signs			
e. Bed Scale			
f. Range of Motion			
g. Turning			
h. Intake & Output			
<b>4. ASEPTIC TECHNIQUE</b>			
a. Urinary Catheter			
1. Insertion-Male			
2. Insertion-Female			
3. Irrigation			
b. Dressing			
1. Sterile			
2. Non-Sterile			
<b>5. TUBES ASSESSMENT &amp; PATIENT CARE</b>			
a. Nasogastric			
b. Feeding tubes			
c. Chest tubes (drainage only)			
d. Penrose drain			
e. Pleur-evac			

f. Hemovac			
g. Rectal Tube			
<b>6. ENEMAS</b>			
a. Tap Water			
b. Soap Sud			
c. Fleets			
<b>7. NEUROLOGICAL SIGNS</b>			
a. Glasgow coma scale			
<b>8. RESPIRATORY</b>			
a. O2 Mask & prong			
b. Suction-nasal & oral			
c. Trach care			
<b>9. PATIENT CARE WITH IV</b>			
a. Care of IV site			
b. Signs & symptoms of infiltration			
<b>10. Documentation</b>			
a. Focus Charting			
b. Flow Sheet			
c. 24 Hour Patient Care Record			
d. Nursing Care Plan			

\_\_\_\_\_

Signature

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**RN SKILLS INVENTORY & COMPETENCY CHECK:  
CRITICAL CARE**

Please check: ADULT NEONATAL EMERGENCY RECOVERY ROOM

Name: \_\_\_\_\_  
Class: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Instructions:** Please check appropriate box per category based on the following levels:  
1 - No Past Experience 2 - Training Only 3 - Experienced

**A. GENERAL AREA**

	1	2	3	REMARKS
<b>1. EMERGENCY PROCEDURES</b>				
a. CPR				
b. ACLS				
c. Defibrillation				
d. Cardioversion				
e. Adm. of emergency drugs				
<b>2. CARDIAC</b>				
a. EKG - 12 Lead				
b. Monitor/s familiar w/:				
c. Lead placement				
d. Dysrhythmia recognition: Basic & Advanced				
e. Use of Pacemakers: Transvenous & External				
f. Intra-aortic Balloon Pump Management				
h. AICD				
<b>3. ARTERIAL LINES</b>				
a. Assembly				
b. Calibration monitor				
c. Wave forms				
d. Arterial Blood Gas: Collection fr. Arterial Line				
e. Interpretation of ABG Results				
<b>4. RESPIRATORY</b>				
a. Assess breath sound				
b. Endotracheal tubes				
1. Care				
2. Suction				
3. Assist w/ insertion				
4. Familiarity w/ Weaning protocols				
5. Assist w/ removal				
c. Care of Patient on Respirator				
1. MA - 1				
2. Bear-1, Bear-2				
3. Bennett 7200				
4. Peep				
5. IMV				
6. Servo				

**10. DRUG INFUSION**

- a. Lidocaine
- b. Pronestyl
- c. Bretylium
- d. T.P.A.
- e. Esmolol
- f. Cardizem
- g. Adenosine
- h. Epinephrine
- i. Levophed
- j. Dopamine
- k. Dobutamine
- l. Isuprel
- m. Nipride
- n. Heparin
- o. Neosynephrine
- p. Urokinase
- q. Streptokinase
- r. Fentanyl


**11. MISCELLANEOUS**

- a. Assess Bowel Sounds
- b. Insertion of Foley Catheters
- c. Use of Hemovacs
- d. Post-Paracentesis Care
- e. Specific Gravity
- f. Use of One Touch Glucometer


**12. DOCUMENTATION**

- a. Use of Critical Care Flow Sheet
- b. Nursing Care Plans
- c. Focus Charting
- d. Meditech Computer Training
- e. Post-Anesthesia Recovery Record


**ADDITIONAL REMARKS**

Blank area for additional remarks.



**ADVANCED CARE SERVICES**

**SKILLS INVENTORY & COMPETENCY CHECK: LICENSED NURSES**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Please check every appropriate box per category based on the following levels: **1 - No Past Experience 2 - Training Only 3 - Experienced**

SKILLS	1	2	3
<b>ADMISSION</b>			
Interview			
System Assessment			
<b>PATIENT CARE</b>			
Acute MI, Angina, CHF			
AIDS, ARCS			
Aneurysms			
Burns			
Carotid Endarterectomy			
Cardiac Respiratory Arrest			
CPR			
Craniotomy			
Colostomy			
CVA			
Diabetic			
Drowning, Near Drowning			
DTs			
Femoral - Popliteal Bypass			
GI Bleeding			
Isolation			
Ileostomy			
Nephrectomy			
Obstructed Airway			
Oncology			
Overdose, Substance Abuse			
Preparing Medications			
PCA Patient Controlled Analgesia			
Shock			
Spinal Cord Injury			
Seizures			
Thoracic Surgery			
Death and Dying			
Family Intervention/Teaching			
Patient Teaching			
Other:			
<b>CARDIOVASCULAR</b>			
Aortic Balloon Pump			
Arterial Lines			
Cardiac Monitors			
Cardiac Output			
Cardioversion			
Defibrillation			
Interpret 12-lead EKG			
Mast Suit			
PCWP Reading			
Rotating Tournequets			
Swan Ganz Catheter			
Take Rhythm Strips			
Telemetry			
Temp. Pacemaker Insertion (Assist)			
Ultrasonic Doppler			
Patient Teaching			
Family Teaching			
Other:			
<b>DRAINS</b>			
Hemovac			
Jackson Pratt			
Patient Teaching			
Family Teaching			
Other:			
<b>DRESSINGS</b>			
Ace Wrap			
Change			
Transparent Occlusive			
Sterile Dressing			
Wound Irrigation			
Patient Teaching			
Family Teaching			
Other:			
Other:			
<b>GASTRO-INTESTINAL TUBES</b>			
Insertion			
Removal			
Blakemore-Balloon/Traction			
Ewal			
Gastrostomy			
Jejunostomy			
Kaslow (Kantor)			
Miller-Abbott			
Nasogastric Suction-Levine Tube			
Nasogastric Suction-Sump Tube			
T-tube			
Patient Teaching			
Family Teaching			
Other:			
<b>INTRAVENOUS THERAPY</b>			
Angioclaths			
Blood Precautions			
CVP's Dressing			
CVP's Measuring			
Drawing Blood - Arterial			
Drawing Blood - Venous			
Hanging Blood & Blood Products			
Heparin-Lock			
Hickman/Broviac, Care of			
Hyperalimentation-Dressings			
Hyperalimentation-Precautions			
Hyperalimentation-Solutions			
Infusion Monitor			
Infusion Pump			
IV Meds-administering			
IV Meds-mixing			
Patient Teaching			
Family Teaching			
Chemotherapy			

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PLEASE CHECK  
CLASSIFICATION

EN	LEA	LEN

**SKILLS INVENTORY & COMPETENCY CHECK: LICENSED NURSES**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Please check every appropriate box per category based on the following levels: 1 - No Past Experience 2 - Training Only 3 - Experienced

SKILLS	1			2			3		
	1	2	3	1	2	3	1	2	3
<b>MATERNAL CHILD CARE</b>									
Assessment of Care of Newborn									
Caesarean (assist and deliver)									
Fetal Monitoring									
Infant Resuscitation									
Labor Assessment									
Labor Coaching									
Post-partum Care									
Preemclampsia									
Start & Maintain IV Therapy									
Vaginal (assist and deliver)									
Vaginal Exams									
Patient Teaching									
Family Teaching									
Other:									
Other:									
<b>NEURO &amp; ORTHO EQUIPMENT</b>									
Balanced Suspension									
Balkan Frame									
Bucks Extension									
Cast Care									
Casts, Soft									
Casts, Spika									
Cervical Devices, Other									
Circo-electric Bed									
Climitor. Bed									
Crutchfield Tonges									
Crutch Walking									
Halo Traction									
K Wires									
Roto Bed									
Skeletal Traction, Other									
Stryker Frame									
TENS									
Patient Teaching									
<b>SKILLS</b>									
Family Teaching									
Other:									
Other:									
<b>PEDIATRICS</b>									
IV Therapy									
Pediatric Meds Conversion									
Family Teaching									
Other:									
Other:									
Other:									
Other:									
<b>RENAL/GU</b>									
Catheters-Foley									
Catheters-3 Way Foley									
Dialysis-Hemo									
Dialysis-Peritoneal									
GU Irrigations-Continuous									
GU Irrigations-Intermittent									
Nephrostomy Yube									
Suprapubic Tube									
Tidal Drainage									
Patient Teaching									
Family Teaching									
Other:									
Other:									
<b>RESPIRATORY THERAPY</b>									
Apnea Monitor									
Chest Tubes-H2O Seal									
Chest Tubes-Suction									
CPAP									
Endotracheal Tubes, Cuffed									
Endotracheal Tubes, Extubatione									
Endotracheal Tubes-Intubation									
IMV/SIMV									
O2 Equipment									
<b>SKILLS</b>									
Masks, Face, Rebreather, Non-rebreather, Venture, Cannula, Nasal									
Nasitracheal Suctioning									
PEEP									
Postural Drainage & Percussion									
Suctioning Oralpharyngeal									
Tracheostomy Care									
Tracheostomy Tubes, Cuffed									
Ventilators Pressure/Volume									
Patient Teaching									
Family Teaching									
Other:									
Other:									
<b>SURGICAL CARE</b>									
Pre-op Teaching									
Surgical Prep									
Consents									
PosOp Monitoring									
Patient Teaching									
Other:									
Other:									
<b>CHARTING</b>									
DARE									
APIE									
SOAPIE									
FOCUS									
Other:									
Other:									
<b>SKILLS</b>									
DISCHARGE PLANNING									
UTILIZATION REVIEW									
CHART REVIEW/AUDIT									
Other:									
Other:									
Other:									