

CONTINENTAL NURSES

(888) 894-2900 (phone)

(888) 894-2073 (fax)

REGISTERED NURSE

Profile Verification Sheet

ALL BLANKS MUST BE COMPLETED.

Name _____ *License Number/Expiration Date _____

Address _____ Date of License Verification _____

Emergency Contact Name/Next of Kin and Phone Number _____ RN Classification (ICU, M/S, TELE) _____

CPR Certification/Expiration Date _____ Advanced Certification/Expiration Date _____

Nursing Degree/Institution/Date Obtained _____

Nursing Education and Work History Verified? ___ Yes ___ No

Most recent employer where worked for at least one year/Dates of Employment/Number of Missed Shifts _____

Healthcare Personnel Information:

	<u>Date Completed:</u>		<u>Date Completed:</u>
Satisfactory TB (annual)	_____	Hepatitis B Declination Form	_____
TB Screening Questionnaire	_____	Varicella: Titre or History (circle one)	_____
Chest X-Ray	_____	Drug Screen (indicate panel)	_____
Physical Exam	_____	Criminal Background Check	_____
Rubella Titre or Immunization	_____	Fingerprinting (date submitted)	_____
Rubeola Titre or Immunization	_____	Fingerprinting (date results received)	_____
MMR Immunization	_____	OIG/Medicare Fraud Search	_____
OSHA TB Fit Test Mask Type	_____	Confidentiality Agreement	_____
Population Served (check all applicable):			
___ Neonatal ___ Infant/Children (0-11) ___ Adolescent (12-18) ___ Adult ___ Geriatric			

**An updated Profile Verification Sheet
must be provided to Participating Institution prior to assignment.
Application on file at Continental Nurses.**

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Agency Name _____ Authorized Agency Representative Signature and Date _____