

CONTINENTAL NURSES

(888) 894-2900 (phone)

(888) 894-2073 (fax)

**LICENSED PRACTICAL NURSE
Profile Verification Sheet
ALL BLANKS MUST BE COMPLETED**

Name _____ License Number/Expiration Date _____

Address _____ Date of License Verification _____

CPR Certification/Expiration Date _____ Date of IV Certification (if applicable) _____

Emergency Contact Name/Next of Kin and Phone Number _____

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 _____

Current Experience with IV Starts? Yes No Current Experience with Phlebotomy? Yes No

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 (11 or 12-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 a Participating Institution prior to assignment.
Application on file at Continental Nurses.**

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Agency Name _____

Authorized Agency Representative Signature and Date _____

(888) 894-2900 (bus)
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Route 611 & Woodland Rd, HCR 1, Box 111
Mount Pocono, Pennsylvania 18344