

CONTINENTAL NURSES

(888) 894-2900 (phone)

(888) 894-2073 (fax)

OTHER PERSONNEL

Profile Verification Sheet

ALL BLANKS MUST BE COMPLETED.

Name _____ Certification Number/Expiration Date _____

Address _____ Date of Certificate Verification _____

CPR Certification/Expiration Date _____ Classification (OR TECH, RAD TECH) _____

Emergency Contact Name/Next of Kin and Phone Number _____

Certification Obtained From/Date _____

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:

Date Completed:

Satisfactory TB (annual) _____

TB Screening Questionnaire _____

Chest X-Ray _____

Physical Exam _____

Rubella Titre or Immunization _____

Rubeola Titre or Immunization _____

MMR Immunization _____

OSHA TB Fit Test Mask Type _____

Population Served (check all applicable):

Date Completed:

Hepatitis B Declination Form _____

Varicella: Titre or History (circle one) _____

Drug Screen (11 or 12-panel) _____

Criminal Background Check _____

Fingerprinting (date submitted) _____

Fingerprinting (date results received) _____

OIG/Medicare Fraud Search _____

Confidentiality Agreement _____

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.**

CONTINENTAL NURSES

Agency Name _____ Authorized Agency Representative Signature and Date _____

(888) 894-2900 (bus)

(888) 894-2073 (fax)

CONTINENTAL NURSES

Route 611 & Woodland Rd, HCR 1, Box 111

Mount Pocono, Pennsylvania 18344