MILLENNIUM MEDICAL STAFFING INC.

P: (718) 364-7250 F: (718) 364-7355

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)				