



## EMERGENCY CLINICAL CAPABILITIES

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

The following checklist is used to assess your experience and skills in order to assist us in placing you in a successful assignment. Please provide an accurate self-assessment of your skills using the following guidelines:

Frequency	Experience
1. Never Done or Observed Only	1. No Experience
2. Rarely Done (less than 6 times/year)	2. Limited Experience
3. Occasionally Done (1-2 times/month)	3. Experienced
4. Frequently Done (daily or weekly)	4. Highly Skilled

Scope of Practice	Frequency	Experience
<b>Level I trauma setting</b>	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Level II trauma setting</b>	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Level III trauma setting</b>	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Cardiac arrest/failure	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Respiratory arrest/failure	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Sepsis	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Metabolic disorders including DKA	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Acute GI bleeding	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Stabilization and initial treatment of OB emergencies including:</b>		
Precipitous delivery	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Hemorrhage	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Ectopic pregnancy	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Spontaneous incomplete abortion	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Stabilization and initial treatment of single or multiple traumas including:</b>		
Blunt or penetrating injuries of the head	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Blunt or penetrating injuries of the chest	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Blunt or penetrating injuries of the abdomen	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Spinal cord injuries	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Drowning	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Soft tissue injuries including:</b>		
The eyes	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Fractures	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Dislocations	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Management and treatment of psychiatric emergencies including:</b>		
Acute psychosis	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Overdose	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
<b>Management and treatment of thermal injuries including:</b>		
Burns	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Electrocution	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Hypo/hyperthermia	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4
Management and treatment of pediatric emergencies-not listed above	○ 1 ○ 2 ○ 3 ○ 4	○ 1 ○ 2 ○ 3 ○ 4

Clinical Certifications					
ACLS	○ Yes ○ No	Expiration Date _____	ABLS	○ Yes ○ No	Expiration Date _____
ATLS	○ Yes ○ No	Expiration Date _____	BLS	○ Yes ○ No	Expiration Date _____
NRP	○ Yes ○ No	Expiration Date _____	PALS	○ Yes ○ No	Expiration Date _____

**Board standing in emergency medicine, if applicable:**

**ABEM** Certified:  Yes  No Date first certified: \_\_\_\_\_ Date most recently re-certified: \_\_\_\_\_

**ABEM** Qualified:  Yes  No Date first became qualified: \_\_\_\_\_

Expected date of completion: Written exam: \_\_\_\_\_ Oral exam: \_\_\_\_\_

**AOBEM** Certified:  Yes  No Date first certified: \_\_\_\_\_ Date most recently re-certified: \_\_\_\_\_

**AOBEM** Qualified:  Yes  No Date first became qualified: \_\_\_\_\_

Expected date of completion: Written exam: \_\_\_\_\_ Oral exam: \_\_\_\_\_

Other Boards (please explain):

**What formal emergency training or related CME have you completed?**

**Description of Training**

**Dates (from/thru)**

Description of Training	Dates (from/thru)

In a clinical emergency, it is expected that a practitioner will render whatever care they deem necessary to save a life, organ or limb in accordance with sound professional practices.

Please be aware that this form constitutes your application to be credentialed for specific areas and procedures while on assignment through Next Medical Staffing. The credentialing Committee may not consider for approval clinical capabilities where a box is not checked.

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Next Medical Staffing to release this Clinical Capabilities Checklist and related documents to staffing clients of Next Medical Staffing.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Name and Title (print)