

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

CLINICAL AREAS	Frequency	Experience
Acute Ambulatory care (urgent)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Hospitalist	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
ICU	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Inpatient settings	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Out/Inpatient settings with ICU (or equivalent) coverage-diagnosis and management of patients with serious or critical illnesses	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Out/Inpatient settings without ICU (or equivalent) coverage	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Outpatient settings	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Rural medicine	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Urgent Care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

NURSERY SERVICES	Frequency	Experience
Attends C-sections/high risk deliveries (must be NRP certified)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Nursery Level 1-Routine newborn care	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Nursery Level 11/NICU (or equivalent)-Diagnosis and management of newborns with serious or critical illnesses; ventilator assistance may or may not be needed; ability to transfer to higher level of care if indicated	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
IUD insertion and removal	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Pelvic exam / pap smear	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Procedures:
<input type="radio"/> Ventilation management-establishing and maintaining an airway; various modes of ventilation for up to 24 hours without pulmonary consultation
<input type="radio"/> Invasive (ETT/NT/Tracheotomy)
<input type="radio"/> Non-invasive (BiPAP/CPAP)
<input type="radio"/> Evaluation and management of acute volume / BP issues

Insertion of:	
<input type="radio"/> Arterial Line (including those specified below) # performed in the last 2 yrs	<input type="radio"/> Diagnostic / therapeutic taps #
<input type="radio"/> Bladder taps #	<input type="radio"/> Lumbar puncture #
<input type="radio"/> Central Line #	<input type="radio"/> PA Catheter #
<input type="radio"/> Chest tube insertion #	<input type="radio"/> Paracentesis #
<input type="radio"/> Circumcision #	<input type="radio"/> Thoracentesis #

Clinical Certifications					
ABLS	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____	APLS	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____
ATLS	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____	BLS	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____
NRP	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____	PALS	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____
NALS	<input type="radio"/> Yes <input type="radio"/> No	Expiration Date _____			

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 _____

Applicant Name and Title (print) _____

Date _____