



Specializing in Healthcare Staffing Since 1995
6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Scheduling Questionnaire

Applicant Name: _____ Tel: _____ Date: _____

Instructions: Please complete all the blanks indicating the experience you have had in a facility setting only.

Unit	Month/Year	Month/Year	Unit	Month/Year	Month/Year	Unit	Month/Year	Month/Year
Antepartum	_____	to _____	Home Health	_____	to _____	Occupational Health	_____	to _____
Burn Unit	_____	to _____	Hospice	_____	to _____	On Call	_____	to _____
Cardiac	_____	to _____	House Supervision	_____	to _____	Oncology	_____	to _____
Cardiovascular	_____	to _____	ICU	_____	to _____	OR	_____	to _____
Case Management	_____	to _____	ICU Neuro	_____	to _____	OR Circ	_____	to _____
Cath Lab	_____	to _____	ICU Pulmonary	_____	to _____	OR Scrub	_____	to _____
CCU	_____	to _____	ICU Trauma	_____	to _____	Orthopedics	_____	to _____
Clinical	_____	to _____	Intermittent Visits	_____	to _____	Ophthalmology	_____	to _____
Correctional	_____	to _____	Lab/Histo/Micro	_____	to _____	PACU	_____	to _____
Cosmetic Surgery	_____	to _____	Labor & Delivery	_____	to _____	Pediatrics	_____	to _____
CT	_____	to _____	LTC	_____	to _____	Pedi ER	_____	to _____
CV OR	_____	to _____	Mammography	_____	to _____	Peri Operative	_____	to _____
CVICU	_____	to _____	Med/Surg	_____	to _____	Pharmacy	_____	to _____
Dialysis Input	_____	to _____	MRI	_____	to _____	Physical Therapy	_____	to _____
Dialysis Renal	_____	to _____	Neurology	_____	to _____	PICU	_____	to _____
DON	_____	to _____	NICU Level 3	_____	to _____	Postpartum	_____	to _____
Echo	_____	to _____	Nuclear Medicine	_____	to _____	Private Duty	_____	to _____
Endoscopy	_____	to _____	Nurse Manager	_____	to _____	Psych Adults	_____	to _____
ER	_____	to _____	Nursing Home	_____	to _____	Psych Geriatrics	_____	to _____
ER Pediatrics	_____	to _____	Nursery Level 2	_____	to _____	Psych Pediatrics	_____	to _____
Flex Pool	_____	to _____	Nursery Well Baby	_____	to _____	Radiation Therapy	_____	to _____



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Unit	Month/Year	Month/Year	Unit	Month/Year	Month/Year	Unit	Month/Year	Month/Year
Histology	_____	to _____	OB	_____	to _____	Radiology	_____	to _____
Radiology Therapy	_____	to _____	SICU	_____	to _____	Tele Med	_____	to _____
Rehab	_____	to _____	Skilled/SNF	_____	to _____	TSICU	_____	to _____
Renal	_____	to _____	Sleep Lab	_____	to _____	Urology	_____	to _____
Respiratory	_____	to _____	Step Down	_____	to _____	Ultrasound	_____	to _____
SAC	_____	to _____	Tele Cardiac	_____	to _____	Woman's Services	_____	to _____

Applicant has Experience in:

Computer Charting: Yes / No

Proper use of Restraints: Yes / No / NA

Pain Management: Yes / No / NA

Parental Administration of Electrolytes & Fluids: Yes / No / NA

Prevention of contamination and cross-infection as covered in the Universal Precautions annual in-service: Yes / No

Exercise of appropriate safety precautions in the use of electrical and electronic equipment as covered in fire/electrical safety annual in-service: Yes / No

Recognition of need for psychological and social services for patients and their families: Yes / No

Blood Glucose Monitor: Yes / No / NA Type: _____

OSHA TB Fit Test Mask Type: _____ Date of Test: _____

For Critical Care Nurses: Nurses assigned to critical care must possess the ability to manage patient care without supervision. This includes, but is not limited to managing patient care in intensive care units, emergency department and specialty units such as high risk obstetric unit. The scope of practice includes, but is not limited to identification of cardiac dysrhythmias, setting up and managing hemodynamic monitoring equipment such as Swan-Ganz catheters, central lines, arterial lines, caring for mechanically ventilated patients, managing the care of patients with specialty equipment such as intra-aortic balloon pumps, epidurals, the use and titration of parenterally administered cardio-tonic drugs, and the use of resuscitation equipment.

Applicant Signature

Date