

STAT TEMPORARY SERVICES, INC.

RN AND LPN EXPERIENCE

Name _____ Date _____

GENERAL AREAS OF NURSING PRACTICE

	Start Date	Stop Date	FT	PT	Preference
1. Private Duty (Home)					
2. Private Duty (Hosp.)					
3. Occupational Health					
4. Home Health					
5. Community Health					
6. School Health					
7. Ambulatory Care Clinic					
8. Long Term Care					
9. Psychiatric Hosp./Mental Health Facility					
10. Faculty (School of Nursing)					
11. Hospital (Acute Care)					
12. Other					

SPECIALTY AREAS OF NURSING IN ACUTE CARE SETTINGS

	Start Date	Stop Date	FT	PT	Preference
1. Medical Unit					
2. Surgical Unit					
3. Obstetric Unit					
4. Pediatric Unit					
5. GYN Unit					
6. Orthopaedic Unit					
7. Oncology Unit					
8. Rehabilitation Unit					
9. Psychiatric Unit					
10. Cardiology/Telemetry					
11. Neurosurgical Unit					
12. Urology Unit					
13. Kidney Dialysis Transplant Unit					
14. Gerontology Unit					
15. Burn Unit					
16. Operating Room					
17. Post Anesthesia Care Unit					
18. Emergency Department					
19. Medical Intensive Care					
20. Surgical Intensive Care					
21. CV-CT Intensive Care					
22. Neuro Intensive Care					
23. Neonatal Intensive Care Unit					
24. Coronary Care Unit					
25. Other					

SPECIAL EXPERIENCES

	Start Date	Stop Date	Preference
1. Supervisor/Manager			
2. Charge Nurse			
3. Staff Development Educator			
4. Clinical Nurse Specialist			
Area:			
5. Patient/Community Educator			
6. Other (Please Specify)			

SPECIALTY CERTIFICATIONS

1. Chemotherapy Certification

Agency Providing Course	Year

2. ACLS _____
Expiration Date

3. American Nurses Association Certification

Practice Area	Initials	Expiration Date

4. Certification through other Professional Organizations such as American Association of Critical Care Nurses, Emergency Room Nurses or Association of Operating Room Nurses

Certification	Initials	Expiration Date

5. Certification through collegiate programs such as Adult Nurse Practitioner, Gerontology Nurse Practitioner

Certification	Initials	Expiration Date

6. Certification through other credentialing agencies or other special courses such as AODA or Flight Nurse Course

Certification	Initials	Expiration Date

OTHER PERTINENT EXPERIENCES (Please list/describe)