

**Pro Re Nata (PRN)
Healthcare Staffing**

**WORK EXPERIENCE
CHECKLIST**

Burn Unit	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Cath Lab	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Dialysis	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Endoscopy/GI Lab	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
ER/ED	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Home Health	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
ICU – Adult	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
ICU – CV	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
ICU – Neuro	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
ICU – Pediatrics	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
ICU – Trauma	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
IV/PICC Line Team/Placement	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
L&D	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
LTC	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Med/Surg	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
NICU – Level 2	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
NICU – Level 3	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Nursery	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Nursery – Level 2	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
OB	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Oncology	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
OR	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Ortho	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
PACU	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Pediatrics	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Private Duty	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Psych – Adult	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Psych – Geri	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Psych – Peds	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Rehab	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Tele - General	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Tele - Progressive	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Ventilators	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Other	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Balloon Pump	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Basic EKG Arrhythmias	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)
Blood Glucose Monitor	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates/Type
Computer Charting	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	System used
Emergency Equipment	<input type="radio"/>	Yes	<input type="radio"/>	No	_____	Dates of experience (mo/yr)

Signature

Date