



HOME HEALTH LICENSED PRACTICAL NURSE SKILLS CHECKLIST

NAME: _____ SS#: _____ DATE: _____

In order to be able to better place you in the appropriate health care setting, Shay Health Care Services/Shay Nursing Services, Inc. asks that you fill in the information below. This will assist the nursing department in assigning you to the cases that best fit your skills.

<p>Please check the type of patients that you have had experience with:</p> <p>_____ care of newborns</p> <p>_____ care of toddlers</p> <p>_____ care of handicapped children</p> <p>_____ care of handicapped adults</p> <p>_____ care of Alzheimer's patients</p> <p>_____ care of AIDS patients</p> <p>_____ care of terminally ill patients</p> <p>_____ care of quadriplegic patients</p> <p>_____ care of paraplegic patients</p> <p>_____ care of geriatric patients</p> <p>_____ other, please explain</p>	<p>Please indicate the number of years experience in each setting below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____ Hospital</td> <td style="width: 33%;">_____ Q. A.</td> </tr> <tr> <td>_____ Medicare</td> <td>_____ State Facility</td> </tr> <tr> <td>_____ School</td> <td>_____ Home Visits</td> </tr> <tr> <td>_____ Pediatric</td> <td>_____ Private Duty</td> </tr> <tr> <td>_____ Industrial</td> <td>_____ Case Management</td> </tr> <tr> <td>_____ Insurance</td> <td></td> </tr> <tr> <td>_____ Supervisor</td> <td></td> </tr> <tr> <td>_____ Hospice</td> <td></td> </tr> <tr> <td>_____ Day Care Center</td> <td></td> </tr> <tr> <td>_____ Other, please explain</td> <td></td> </tr> </table>	_____ Hospital	_____ Q. A.	_____ Medicare	_____ State Facility	_____ School	_____ Home Visits	_____ Pediatric	_____ Private Duty	_____ Industrial	_____ Case Management	_____ Insurance		_____ Supervisor		_____ Hospice		_____ Day Care Center		_____ Other, please explain	
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ASSESSMENT SKILLS																					
<p>_____ Psycho/Social</p> <p>_____ Environmental</p>	<p>_____ OB/Postpartum</p> <p>_____ Newborn</p>	<p>_____ Adult</p> <p>_____ Pediatric</p>																			

SKILLS CHECKLIST

Please check each skill area below using the following number system to indicate your experience:

1 = Independent (requires no instruction) **2** = Have had experience, but needs instruction **3** = No experience

- | | |
|---|---|
| <p>_____ Suprapubic catheter changes</p> <p>_____ Tracheostomy change</p> <p>_____ Tracheostomy care</p> <p>_____ Starting IV's</p> <p>_____ Hyperalimentation/Lipids</p> <p>_____ Feeding pumps</p> <p>_____ IV antibiotics</p> <p>_____ G-tube</p> <p>_____ Colostomy</p> <p>_____ Urostomy</p> <p>_____ Medications</p> <p>_____ S.O.A.P. charting</p> <p>_____ Chemotherapy</p> <p>_____ Other (please explain) _____</p> | <p>_____ Central venous access device</p> <p>_____ Tracheostomy suctioning</p> <p>_____ Drawing blood (peripheral)</p> <p>_____ Maintaining IV's</p> <p>_____ Oxygen</p> <p>_____ Infusion pumps</p> <p>_____ J-tube</p> <p>_____ N/G tube</p> <p>_____ Ileostomy</p> <p>_____ IM Injections</p> <p>_____ Ventilators</p> <p>_____ Apnea monitors</p> |
|---|---|

APPLICANT SIGNATURE

DATE



LICENSED PRACTICAL NURSE APPLICANT CHECKLIST

Thank you for your interest in employment at Shay Health Care Services. We have developed this checklist to assist you in preparing for the next step in the application process and to streamline the application process.

After you complete the application packet the next step is to come into the office Mon – Thurs 9am – 2pm with your completed application and the below listed documents to:

**Shay Health Care Services, Inc.
5730 W. 159th. St.
Oak Forest, IL 60452
The Shay Career Hotline is: 708-535-4309**

We ask that you please come as prepared as possible and provide the following:

- o Current Illinois Nursing License
- o Proof of Pharmacology – Transcripts, Certificate of Completion
- o Current CPR Card for Health Care Professional
- o Valid Drivers License
- o Proof of current Auto Insurance Coverage

These documents must be original. Copies will not be accepted.

Please come appropriately dressed as though you would be working. We also ask you not to wear perfume or cologne.

We look forward to meeting you!

SHAY Health Care Services/SHAY Nursing Services is an equal opportunity employer (EOE)