

## CERTIFIED REGISTERED NURSE ANESTHETIST APPLICATION AND SKILLS CHECKLIST

Today's date \_\_\_\_\_

Dates of availability \_\_\_\_\_

I am interested in \_\_\_ Locum Tenens \_\_\_ Permanent Position

Which states are you interested in? \_\_\_\_\_

Please describe what areas of the U.S. you are interested in as well as what schedules or specifics you would ideally be looking for.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **General Information:**

Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Soc Sec # \_\_\_\_\_

Phone #1 \_\_\_\_\_

Phone #2 \_\_\_\_\_

Pager \_\_\_\_\_

Fax \_\_\_\_\_

Best day and time to ready you \_\_\_\_\_

Are you authorized to work in the U.S.? \_\_\_ Yes \_\_\_ No



**Emergency Contact:**

Name \_\_\_\_\_  
Phone \_\_\_\_\_

**Education & Certification:**

**Nursing School** \_\_\_\_\_  
Location \_\_\_\_\_  
Year completed \_\_\_\_\_ Degree obtained \_\_\_\_\_

**Anesthesia School** \_\_\_\_\_  
Location \_\_\_\_\_  
Year completed \_\_\_\_\_ Degree obtained \_\_\_\_\_

**Other Education** \_\_\_\_\_  
Location \_\_\_\_\_  
Year completed \_\_\_\_\_ Degree obtained \_\_\_\_\_

AANA Cert # \_\_\_\_\_  
Date of certification \_\_\_\_\_  
States in which you are licensed \_\_\_\_\_  
Licenses pending \_\_\_\_\_  
Malpractice carrier \_\_\_\_\_  
Policy number \_\_\_\_\_  
Policy limits \_\_\_\_\_  
Expiration date \_\_\_\_\_

**Professional References:**

	<b>Reference #1</b>	<b>Reference #2</b>
Name	_____	_____
Address	_____	_____
Occupation	_____	_____
Phone	_____	_____

**Clinical Skills Checklist:**

Check all areas in which you are proficient:

**General Anesthesia & Analgesia:**

- Pre-Peri-Post Operative Prep & Medication
- Intravenous Agents
- Inhalation Agents
- Intramuscular Agents
- Other \_\_\_\_\_

**Regional Anesthesia:**

- Topical
- Infiltration
- Spinal
- Epidural and Caudal
- Intravenous
- Upper Extremity
- Lower Extremity
- Field Blocks
- Other Peripheral Blocks
- Other \_\_\_\_\_

**Therapeutic Blocks:**

- Sympathetic Blocks
- Epidural
- Spinal-Differential
- Steroid, Alcohol & Drug Phenol Blocks
- Field Blocks
- Other \_\_\_\_\_

**Specialties or Specific Skills:**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Open Heart      | <input type="checkbox"/> Ortho    |
| <input type="checkbox"/> Peds            | <input type="checkbox"/> Neuro    |
| <input type="checkbox"/> OB              | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Uro      |
| <input type="checkbox"/> Transplants     | <input type="checkbox"/> GYN      |
| <input type="checkbox"/> Trauma/Burns    | <input type="checkbox"/> ENT      |
| <input type="checkbox"/> Vascular        | <input type="checkbox"/> Eye      |
| <input type="checkbox"/> Gen Surgery     |                                   |
| <input type="checkbox"/> Other _____     |                                   |

**Procedures:**

- Intravenous Catheter Placement
- Intravenous Administration of
  - Fluids
  - Blood
  - Plasma
  - Plasma Expanders
  - Muscle Relaxants
  - Vasoactive Drugs
  - Cardiac Drugs
  - Other \_\_\_\_\_
- Placement of Central Venous Lines
- Placement of Arterial Lines
- Placement of Swan-Ganz
- Mechanical Ventilation
- Resuscitation Techs. & Therapy
- Cardiopulmonary Bypass Tech.
- Auto transfusion Techniques
- Hypo/Hypertensive Techniques
- Hypothermia
- BSLS Certified
- ACLS Certified
- NALS Certified
- Other \_\_\_\_\_

**Clinical Settings:**

- Solo
- MDA/Supervised
- Teaching
- Hospital/Office

I certify all of the foregoing information to be true and understand that any misrepresentation of facts is cause for discharge. I authorize the investigation of all statements given in my application and skills checklist and declare them to be true to the best of my understanding. This information may be used in preliminary review with hospitals / facilities / groups.

\_\_\_\_\_  
Signature