



Pre-Screen Packet

367 Riverside Drive
Franklin TN 37064
PH: (615) 794-3600
FAX: (404) 541-3363

In order to be considered for the position, we are required to submit a pre-screen packet to the facility for each candidate. Please **fax** the following items **to (404) 541-3363** as soon as possible.

- ☐ Work Experience form (attached)
- ☐ Medical/Surgical check list (attached)
- ☐ Psychiatric/Chemical Dependency checklist (attached)
- ☐ Copy of your current nursing license
- ☐ Copy of your current TB
- ☐ Copy of your current CPR – must be a “Healthcare Provider” card issued by the American Heart Association
- ☐ Copy of your Driver’s License
- ☐ Copy of your Social Security Card



Work Experience

Name _____

Date _____

Position: ☐ LPN ☐ RN

I am looking for: ☐ FT ☐ PT

I can start: _____
(date)

Shift Preference:	Very Interested	Would Consider	Not Interested
1 st Shift – Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Shift – Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Shift – Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have experience with the following:

Psych or DD individuals? ☐ Yes ☐ No

(provide details below)

Catheters ☐ Yes ☐ No

Picc Lines ☐ Yes ☐ No

Tubes ☐ Yes ☐ No

Vents ☐ Yes ☐ No

Experience	<1 yr	1-2 yrs	2-3 yrs	3-5 yrs	5+yrs
Overall RN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall LPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MH / Psych	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unit Preference	Very Interested	Would Consider	Not Interested
Adult Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____



Medical / Surgical Checklist

By accurately filling out this checklist, you will help us match your skills and interests with available assignments.
Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:

1. Can function well independently.
2. Experienced but may need review.
3. Limited or no experience.

Name: _____

	1	2	3
CARE OF PATIENTS WITH:			
Pre/Post Cardiac Cath.....	_____	_____	_____
Myocardial Infection.....	_____	_____	_____
Asthma.....	_____	_____	_____
GI Bleed.....	_____	_____	_____
Oncology Patients.....	_____	_____	_____
Lymphoma.....	_____	_____	_____
Emphysema.....	_____	_____	_____
COPD.....	_____	_____	_____
Renal Failure.....	_____	_____	_____
Diabetes.....	_____	_____	_____
Hepatitis.....	_____	_____	_____
Hypothyroidism.....	_____	_____	_____
Hyperthyroidism.....	_____	_____	_____
Decubitus Ulcers.....	_____	_____	_____
Drug OD.....	_____	_____	_____
Stab Wounds.....	_____	_____	_____
Gun Shot Wounds.....	_____	_____	_____
Impending DTs.....	_____	_____	_____
Appendectomy.....	_____	_____	_____
Bowel Obstructions.....	_____	_____	_____
Burns; 1 st , 2 nd , or 3 rd Degree	_____	_____	_____
Psychiatric Disorders.....	_____	_____	_____
Isolation Precautions.....	_____	_____	_____
Sterile Dressing Changes....	_____	_____	_____
Geriatric Illnesses.....	_____	_____	_____
Neurosurgical pts.....	_____	_____	_____

RESPIRATORY THERAPY:

Suctioning Oro-nasopharynx	_____	_____	_____
Tracheostomy Care.....	_____	_____	_____
O ₂ Equipment(mask/cannula)	_____	_____	_____
Chest Tube Setup.....	_____	_____	_____
Initiate CPR.....	_____	_____	_____

MEDICATIONS/IV THERAPY:

Unit Dose.....	_____	_____	_____
Pass Meds 5-10 Patients.....	_____	_____	_____
Pediatric Conversions.....	_____	_____	_____
IV Additives and Piggybacks	_____	_____	_____
Initiating IV Line.....	_____	_____	_____
IV Dressing Changes.....	_____	_____	_____
Infusion Pumps.....	_____	_____	_____
Hanging Blood/Blood Prod..	_____	_____	_____
Venipuncture.....	_____	_____	_____
Interpretation of ABG's.....	_____	_____	_____
Push IV Medications.....	_____	_____	_____
Epidural Catheters.....	_____	_____	_____

GI/GU:

Naso-Gastric Tube:			
Insertion.....	_____	_____	_____
Maintenance.....	_____	_____	_____
Foley Insertion.....	_____	_____	_____
Suprapubic Catheter.....	_____	_____	_____
Ileal Conduit.....	_____	_____	_____
Peritoneal Dialysis.....	_____	_____	_____
Care of Patient with Multiple			
Abdominal Wounds & Drains	_____	_____	_____
Care with Feeding Tubs.....	_____	_____	_____
GI Bleeds.....	_____	_____	_____
Sterile Dressing Changes.....	_____	_____	_____

ORTHOPEDICS:

Care of Patients with:			
Skeletal Traction.....	_____	_____	_____
Balanced Traction.....	_____	_____	_____
Total Joint Replacement.....	_____	_____	_____
Knee.....	_____	_____	_____
Hip.....	_____	_____	_____
Amputations.....	_____	_____	_____
Cast Care.....	_____	_____	_____

Signature: _____

Date: _____



Psychiatry / Chemical Dependency

By accurately filling out this checklist, you will help us match your skills and interests with available assignments.

Please place an "X" in the column that best describes your experience level with each skill.

Level of Proficiency:

1. Can function well independently.
2. Experienced but may need review.
3. Limited or no experience.

Name: _____

1 2 3

EXPERIENCE

Experienced with Child Psych Units.....	_____	_____	_____
Experienced with Adolescent Psych Units.....	_____	_____	_____
Experienced with Adult Psych Units.....	_____	_____	_____
Experienced with Locked Units.....	_____	_____	_____
Experienced with Open Units.....	_____	_____	_____
Admission of Psychiatric Patient.....	_____	_____	_____
Initial Nursing Assessment & Care Plan.....	_____	_____	_____
Participate in Milieu Therapy.....	_____	_____	_____
Conduct Individual Psychotherapy.....	_____	_____	_____
Conduct Group Psychotherapy.....	_____	_____	_____
Charge Nurse.....	_____	_____	_____
Therapeutic Communication Skills.....	_____	_____	_____
Initiating Behavior Modification.....	_____	_____	_____
Behavioristic Charting.....	_____	_____	_____
Electroconvulsive Therapy.....	_____	_____	_____
Care of Patient Receiving Tube Feedings.....	_____	_____	_____
Care of Patient in the Quiet/Timeout Room.....	_____	_____	_____
Neurological Vital Signs.....	_____	_____	_____
Oxygen Administration.....	_____	_____	_____
Cardiopulmonary Resuscitation.....	_____	_____	_____
Assist with Lumbar Puncture.....	_____	_____	_____
Experience with Wrist Restraints.....	_____	_____	_____
Experience with Leather Restraints.....	_____	_____	_____
Performing Take Down Procedure.....	_____	_____	_____

CARE OF PATIENT WITH:

Suicidal Ideations.....	_____	_____	_____
Assaultive Behavior.....	_____	_____	_____
Alcoholism.....	_____	_____	_____
DT's.....	_____	_____	_____
Drug Dependency.....	_____	_____	_____
Manic Depression.....	_____	_____	_____
Seizure Disorders.....	_____	_____	_____
Hallucinations.....	_____	_____	_____
Delusions.....	_____	_____	_____
Psychosis.....	_____	_____	_____
Eating Disorders.....	_____	_____	_____

Signature: _____

Date: _____