

Professional Nursing Service

Pediatrics Checklist

Name: _____

Date: _____

Years of Experience: _____

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. Use the following key as a guideline:

- A) Theory Only/No Experience--Didactic instruction only, no hands on experience
- B) Limited Experience--Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- C) Moderate Experience--Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.
- D) Proficient/Competent--Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

A. CARDIOVASCULAR

	A	B	C	D
1. Assessment				
a. Auscultation (rate/rhythm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Blood pressure/non-invasive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Doppler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Heart sounds/murmurs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Perfusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Interpretation of lab results				
a. Arterial blood gases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hemoglobin & hematocrit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Equipment/Procedures				
a. Basic EKG interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non-invasive cardiac monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care of the child with:				
a. Bacterial endocarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cardiac arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cardiomyopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Congenital heart defects/disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Myocarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pericarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Post cardiac cath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Post cardiac surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- k. Shock
- 5. Medication - Digoxin (Lanoxin)

B. PULMONARY

- 1. Assessment
 - a. Chest/Lungs: Inspection
 - Palpation, Percussion, Auscultation
 - b. Breathing Patterns/Rate/SOB
 - Inspiration
 - c. Cough/Secretions/Hemoptysis
 - d. Pains - Chest
 - e. Skin - Color
- 2. Equipment & procedures
 - a. Airway management devices/suctioning
 - (1) Bulb syringe
 - (2) Endotracheal tube/suctioning
 - (3) Nasal airway/suctioning
 - (4) Oropharyngeal/suctioning
 - (5) Sputum specimen collection
 - (6) Tracheostomy/suctioning
 - b. Apnea monitor
 - c. Chest physiotherapy
 - d. Chest tubes
 - e. End tidal CO2
 - f. Oximetry
 - g. O2 therapy & medication delivery systems
 - (1) Bag and mask
 - (2) Hood
 - (3) Inhalers
 - (4) Nasal cannula
 - (5) Portable O2 tank
 - (6) Trach collar
 - h. Water seal drainage system
- 3. Care of the child with:
 - a. Asthma
 - b. Bronchiolitis (RSV)
 - c. Bronchopulmonary dysplasia (BPD)
 - d. Cystic fibrosis
 - e. Epiglottitis
 - f. LTB/croup
 - g. Pertussis
 - h. Pneumonia
 - i. Tonsillitis
 - j. Tuberculosis
- 4. Medications
 - a. Alupent (Meraproteranol)
 - b. Aminophylline (Theophylline)
 - c. Isuprel (Isoproterenol)
 - d. Ventolin (Albuterol)

C. NEUROLOGICAL/ORTHOPEDECS

1. Assessment - level of consciousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Equipment & procedures				
a. Application of splints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Assist with lumbar puncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ICP monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Pinned fractures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Traction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Care of the child with:				
a. Battered child syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Closed head trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clubfoot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Encephalitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Febrile seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Meningitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Multiple sclerosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Multiple trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Near drowning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Neuromuscular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Osteogenic sarcoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Osteomyelitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Spinal cord injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medications				
a. Clonazepam (Klonopin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Corticosteroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dilantin (Phenytoin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Phenobarbital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tegretol (Carbamazepine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Valium (Diazepam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. GASTROINTESTINAL

1. Assessment				
a. Abdominal/Bowel Sounds/Inspection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Nutrition - Diet/Fluid balance/Ht/Wt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Interpretation of lab results - Serum electrolytes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Equipment & procedures				
a. Feedings				
(1) Bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Breast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Central hyperalimentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Gavage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Peripheral hyperalimentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gastrostomy/button	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I-tubes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Jejunal feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. NG and sump tubes to suction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Penrose drains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Placement of naso/orogastric tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Wound irrigation/dressing change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care of the child with:				
a. Anal fissure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cleft lip/palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- c. Colostomy
- d. Diaphragmatic hernia
- e. Failure to thrive (FTT)
- f. Gastroenteritis/dehydration
- g. GE reflux
- h. GI bleeding
- i. Ileostomy
- j. Intestinal parasites
- k. Necrotizing enterocolitis (NEC)
- l. Pyloric stenosis
- m. Surgical abdomen
- n. Ulcerative colitis

E. RENAL/GENITOURINARY

- 1. Assessment - fluid balance
- 2. Interpretation of lab results
 - a. BUN & creatinine
 - b. Urinalysis
- 3. Equipment & procedures
 - a. Assist with suprapubic tap
 - b. Catheter insertion
 - (1) Catheter care
 - (2) Female
 - (3) Indwelling
 - (4) Male
 - (5) Straight
 - c. Collection of urine specimen
- 4. Care of the child with:
 - a. Circumcision
 - b. Glomerularnephritis
 - c. Hemodialysis
 - d. Hemolytic uremic syndrome (HUS)
 - e. Hypospadias
 - f. Ileal conduit ureteral
 - g. Infantile polycystic disease
 - h. Kidney transplant
 - i. Nephrotic syndrome
 - j. Peritoneal dialysis
 - k. Renal failure
 - l. Urinary tract infection
 - m. Wilm's tumor

F. ENDOCRINE/METABOLIC

- 1. Assessment
- 2. Interpretation of lab results
 - a. Blood glucose
 - b. Thyroid studies
- 3. Equipment & procedures
 - a. Blood glucose testing: type Type: _____
- 4. Care of the child with:
 - a. Adrenal disorders
 - b. Cushing's syndrome

c. Juvenile diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pituitary disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Thyroid malfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Medications				
a. Growth hormone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Insulin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Thyroid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. HEMATOLOGY/ONCOLOGY				
1. Assessment of nutritional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Interpretation of lab results				
a. Blood chemistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Blood counts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Equipment & procedures - reverse isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care of the child with:				
a. Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bone marrow transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depressed immune system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Disseminated intravascular coagulation (DIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hemophilia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hodgkin's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Infectious mononucleosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Malignant tumors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Sickle cell anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Spleen trauma/splenectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Medications				
a. Chemotherapy certification?	<input type="radio"/>	yes	<input type="radio"/>	no
b. Prednisone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. MEDICATION ADMINISTRATION FOR CHILDREN				
1. Calculation of pediatric doses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Eye/ear installations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of emergency drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of routine pediatric drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Metered dose inhaler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. PHLEBOTOMY/IV THERAPY				
1. Equipment & procedures				
a. Administration of blood/blood products				
(1) Cryoprecipitate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Packed red blood cells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Whole blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drawing blood from central line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drawing venous blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Starting IVs				
(1) Angiocath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Butterfly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Heparin lock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Care of the child with:				
a. Central line/catheter/dressing				
(1) Broviac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Groshong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Hickman	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(4) Portacath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Quinton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cutdown line/dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Peripheral line/dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

J. INFECTIOUS DISEASES

1. Interpretation of lab results - blood count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Equipment & procedures				
a. Fever management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Care of the child with:				
a. AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Common childhood - communicable diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cytomegalo virus (CMV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Kawasaki disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lyme disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K. MISCELLANEOUS

1. Assessment				
a. Normal growth and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Normal laboratory values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Recognize signs of abuse or neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Medication - immunization schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Care of the child with:				
a. Anorexia/bulimia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Craniofacial reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ENT surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eye surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Ingestion of foreign body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ingestion of poison or toxins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Plastic surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Suicidal threats/actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L. WOUND MANAGEMENT

1. Assessment				
a. Skin for impending breakdown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stasis ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Surgical wound healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Equipment & procedures				
a. 1st degree burns (throughout body)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 2nd degree burns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 3rd degree burns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pressure sores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Staged decubitus ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sterile dressing changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Surgical wounds with drain(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Traumatic wound care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Use of air fluidized, low airloss beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Wound care/irrigations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M. PAIN MANAGEMENT

1. Assessment of pain level/tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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2. Care of the child with:

- | | | | | |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Epidural anesthesia/analgesia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. IV conscious sedation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Narcotic analgesia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

AGE SPECIFIC PRACTICE

A. Newborn/Neonate (birth - 30 days)	D. Preschooler (3 - 5 years)	G. Young adults (18 - 39 years)
B. Infant (30 days - 1 year)	E. School age children (5 - 12 years)	H. Middle adults (39 - 64 years)
C. Toddler (1 - 3 years)	F. Adolescents (12 - 18 years)	I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS

	A	B	C	D	E	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My experience is primarily in: (Please indicate number of years)

- | | | |
|--|--|---|
| <input type="radio"/> Medical _____ year(s) | <input type="radio"/> Cardiothoracic _____ year(s) | <input type="radio"/> Neuro _____ year(s) |
| <input type="radio"/> Neurological _____ year(s) | <input type="radio"/> Cardiovascular _____ year(s) | <input type="radio"/> Burn _____ year(s) |
| <input type="radio"/> Trauma _____ year(s) | <input type="radio"/> Coronary care _____ year(s) | <input type="radio"/> PACC _____ year(s) |
| <input type="radio"/> Other (specify) _____ | _____ year(s) | |

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing Service to release Pediatrics Skills Checklist to client facilities of PNS in relations to consideration of employment as a Traveler with those facilities.

Signature

Date

Address

Phone