



(800) 235-8986
FAX: (800) 210-5545

PERMANENT POSITION NURSE ANESTHETIST QUESTIONNAIRE

Date of Application _____ Expected Graduation Date _____

I. PERSONAL INFORMATION: CRNA SRNA GRNA

Full Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Pager _____

Cell Phone _____ Fax _____

E-mail _____

Sex: M F Marital Status _____

Maiden / Former Name _____

U.S. Citizen: Yes No Smoker: Yes No

Date of Birth _____

Social Security No. _____ Height _____ Weight _____

Place of Birth: City _____ State _____ Country _____

If incorporated: Business Name _____ Tax ID No. _____

Spouse's Name _____ Spouse's Occupation _____

Comments _____

Number and Age of Children _____

Children's Educational Preference: Public Private Home School

Comments _____

Geographical Preference: Open NE SE MW SW NW

Comments _____

State Preference: 1) _____ 2) _____ 3) _____ 4) _____

Population Preference: Large City Medium City Small City Rural

Comments _____

Do you currently rent or own your residence? _____ Housing Preference _____

What are your hobbies and recreational interests? _____

How soon would you be able to relocate? _____

<p><u>Emergency Contact:</u></p> <p>Name _____</p> <p>Phone _____</p> <p>Relation to you _____</p>
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II. EDUCATION AND LICENSURE :

Nursing School _____ Year Completion _____ Degree _____

Anesthesia School _____ Year Completion _____ Degree _____

Other Education _____ Year Completion _____ Degree _____

High School _____ Year Completion _____ Degree _____

Date of Certification? _____ Certification No. _____ Exp. Date _____

States Licensed _____

Malpractice Carrier _____ Policy Limits _____

Are You Certified in BLS? Yes No ACLS? Yes No PALS? Yes No NALS? Yes No

III. TYPES OF CASES COMFORTABLE WITH:

- Ortho Neuro Hearts Major Vascular Thoracic Uro OB GYN
- Transplants Eyes Burns Geriatrics Trauma ENT Abortions Peds

Comments: _____

IV. SKILLS PROFICIENT WITH:

- Epidurals Spinals Bier Axillary A-Lines C-Lines Swan Ganz

Other Skills or Comments: _____

V. DESIRED WORK SITUATION:

- Small Hosp. Medium Hosp. University Hosp. Trauma Surgery Center Office
- Supervised Solo Either

Are you willing to take call? _____ Are you willing to work overtime? _____

Please describe your ideal practice situation: (i.e. call schedule, work schedule, overtime availability, and clinical preferences) _____

Salary/Benefits Preferences _____



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Vacation Preferences _____

Current Practice Situation _____

Likes and Dislikes About Current Situation _____

Reason for Leaving _____

VI. IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE COMPLETE DETAILS ON A SEPARATE SHEET:

Do you have any illness, disease, mental or physical disability, or any other physical condition(s) which may limit or hinder your performance in the position for which you are applying? Yes No

Do you have any communicable diseases? Yes No

Have you ever received treatment or are you currently receiving treatment for substance abuse, alcohol abuse, or nerves? Yes No

Have you ever been convicted of a felony or crime other than a traffic violation? Yes No

Have your privileges at any healthcare facility ever been voluntarily or involuntarily relinquished, denied, suspended, diminished, revoked, or not renewed for any reason? Yes No

Have you ever been the subject of disciplinary proceedings at any healthcare facility? Yes No

Has your license or certification in any state ever been voluntarily or involuntarily relinquished, suspended, terminated, restricted, or is currently being challenged? Yes No

Have you ever been the subject of disciplinary proceedings by any state licensure board? Yes No

Have you ever been suspended, terminated, sanctioned or otherwise restricted from participating in any private, public, federal, or state health insurance program (e.g., Medicare, Medicaid, Blue Shield)? Yes No

Have judgments or settlements been made against you in professional liability cases, or are claims pending? Yes No

Is your CRNA certification/recertification by the Council on Recertification of Nurse Anesthetists current as of the date of this application? Yes No



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VII. PLEASE INCLUDE CLEAR COPIES OF THE FOLLOWING WITH COMPLETED APPLICATION:

- Typed Resume or Curriculum Vitae
- All State Nursing/ARNP Licenses
- AANA Certification/Recertification Card
- Proof of Certification for BLS, ACLS, PALS and/or NALS, if applicable
- Four (4) letters of reference or completed CRNA Reference Inquiry Forms (enclosed in application)
- Letter of Reference from Clinical Supervisor-*SRNA only*
- Signed Applicant's Statement of Consent and Release Form
- List of last three (3) places of employment, with complete addresses, phone numbers and contact names-*CRNA only*
- Recent photo (Passport size preferred)
- Immunization Records: PPD or Chest X-Ray, Rubella, Rubeola, Measles, Mumps, Hepatitis B (*preferred but not required – most hospitals require immunization records for credentialing*)
- Nursing and Anesthesia School Diplomas/Certificates
- Social Security Card
- Drivers License
- NPI Confirmation – Individual (*Group NPI if applicable*)-*CRNA only*
- Medicare / Medicaid / Blue Cross Numbers-*CRNA only*

VIII. APPLICANT'S STATEMENT OF CONSENT AND RELEASE:

The facts set forth in this application for job placement with Nationwide Anesthesia Services, Inc. are true and complete. False statements on this application shall be considered sufficient cause for dismissal. Nationwide Anesthesia Services, Inc. and its representatives are hereby authorized to make any investigations of my personal and professional history through any agency or bureau necessary, including but not limited to, criminal background and criminal reports. Nationwide Anesthesia Services, Inc. is also authorized to investigate my ability, employment records or character through inquiries to the individuals and/or employers mentioned in this application. **I understand that Nationwide Anesthesia Services, Inc. has the right to request a drug screen prior to and during any assignment.**

Signature: _____ Date: _____

Printed Name: _____ Social Security No.: _____



CLINICAL SKILLS CHECKLIST – NURSE ANESTHESIA

I am proficient in the techniques and procedures indicated:

GENERAL ANESTHESIA AND ANALGESIA:

- Preoperative Evaluation and Meds
- Intravenous Agents
- Inhalation Agents
- Intramuscular Agents
- Other (Describe): _____

REGIONAL ANESTHESIA:

- Topical
- Infiltration
- Spinal
- Epidural & Caudal
- Intravenous
- Upper Extremity Blocks
- Lower Extremity Blocks
- Field Blocks
- Other Peripheral Blocks
- Other (Describe): _____

DIAGNOSTIC & THERAPEUTIC BLOCKS:

- Sympathetic Blocks
- Epidural
- Spinal – Differential
- Steroid, Alcohol & Drug Phenol Blocks
- Other (Describe): _____

SPECIALTIES OR SPECIFIC SKILLS:

- Open Heart
- Peds
- OB
- Pain Management

PROCEDURES:

- Intravenous Catheter Placement

Intravenous Administration of:

- Fluids
- Blood
- Plasma
- Plasma Expanders
- Muscle Relaxants
- Vasoactive Drugs
- Cardiac Drugs
- Other (Describe): _____

- Placement of CVP Lines
- Placement of Arterial Lines
- Placement of Right Heart & Pulmonary Lines
- Mechanical Ventilation
- Resuscitation Techniques & Therapy
- Cardiopulmonary Bypass Techniques
- Autotransfusion Techniques
- Hypotensive & Hypertensive Techniques
- Hypothermia
- Other (Describe): _____

CERTIFICATIONS:

- BLS PALS
- ACLS NALS
- Other (Describe): _____

Signature: _____

Date: _____

Printed Name: _____



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APPLICANT'S STATEMENT OF CONSENT AND RELEASE

I hereby authorize Nationwide Anesthesia Services, Inc. and its representatives to consult any person or organization and to inspect any materials having or containing information which may have any bearing on my professional, ethical, and moral qualifications, including my personal character and professional competence. I hereby authorize Nationwide Anesthesia Services, Inc. to request such criminal background histories, drug screen tests and credit reports as Nationwide Anesthesia Services, Inc. deems appropriate. I hereby appoint Nationwide Anesthesia Services, Inc. my attorney in fact to request any such criminal, credit, drug, professional, and personal reports, at any time, without the need to seek further authorization from me. I hereby agree that this authorization and appointment shall be valid until revoked by me in a written revocation delivered to Nationwide Anesthesia Services, Inc. I hereby release from liability Nationwide Anesthesia Services, Inc. and its representatives for all acts performed in connection with evaluating my application for temporary job placement. I hereby release from liability all persons and organizations who furnish information concerning my professional competence, ethics, character, and other qualifications, and consent to the release of such information.

Signature: _____ Date: _____

Printed Name: _____ Social Security No.: _____

NOTE TO APPLICANT: You should provide a signed copy of this Statement of Consent and Release to each reference who will be completing an inquiry/evaluation form or letter of reference on your behalf. A signed copy of this Statement should also be provided to Nationwide Anesthesia Services, Inc. with your other application materials.



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www.nwanesthesia.com

CRNA INQUIRY FORM

Nationwide Anesthesia Services, Inc. is a national placement service for Locum Tenens and Permanent Certified Registered Nurse Anesthetists. It is our policy that before an applicant can be considered for temporary assignments or permanent placement, they are screened thoroughly. We have spoken with a candidate who has directed us to you for your personal and professional opinions. Please take a moment to complete this evaluation form and return to Nationwide Anesthesia Services, Inc., P.O. Box 992, Sandersville, GA 31082, or fax toll-free to (800) 210-5545. Thank you in advance for your assistance.

Candidate Name: _____ Phone: _____

Reference Name: _____ Fax: _____

Title: _____ Email: _____

Hospital/Group: _____

Address: _____

Dates of Candidate's Employment: _____

Was Candidate Terminated? YES NO Would You Rehire? YES NO

Were There Any Suspected Problems With Drugs, Alcohol, Nerves, Etc.? YES NO

If Yes, Please Explain: _____

Please Evaluate The Candidate Below According To The Following Scale:

A = ABOVE AVERAGE

B = AVERAGE

C = BELOW AVERAGE

D = UNACCEPTABLE

_____ Adaptability To Work Situations

_____ Emotional Stability

_____ Personal Appearance

_____ Attendance And Punctuality

_____ Attitude

_____ Seeks Consultation When Necessary

_____ Technical Skills

_____ Overall Professional Competence

_____ Ability To Get Along With Physicians, Coworkers & Patients

_____ Cooperation

_____ Knowledge And Ability To Practice "Safe Anesthesia"

_____ Physical Assessment And Management Of "High Risk Patients"

Comments: _____

Reference Signature: _____ Date: _____