1st Nurse Registry

**Chart Audit Form**

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| NAME: | | | CLASS: | | | BIRTH DATE: | |
| APPLICATION (hire date): | | DL#: | | ISSUING STATE: | | SS#: | |
| LICENSE #: | EXP. DATE: | | VERIFIED: | LICENSE #: | EXP. DATE: | | VERIFIED: |
| DRUG SCREEN (date reported): | | | | BACKGROUND CHECK: | | | |
| *CHECK ALL THAT APPLY*     BLS \_\_\_\_\_\_\_\_\_    ACLS \_\_\_\_\_\_\_\_\_    PALS \_\_\_\_\_\_\_\_\_    NRP \_\_\_\_\_\_\_\_\_       TNCC \_\_\_\_\_\_\_\_    OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| SKILLS CHECKLIST:                                   AREA \_\_\_\_\_\_\_\_         EXP DATE \_     \_\_\_\_\_\_                                    AREA \_\_\_\_\_\_\_\_         EXP DATE          \_\_\_\_\_\_\_                                           AREA \_\_\_\_\_\_\_\_         EXP DATE       \_\_\_\_\_\_\_                                  AREA \_\_\_\_\_\_\_\_         EXP DATE        \_\_\_\_\_\_\_\_ | | | | | | | |
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| **ONE TIME DOCUMENTS:** | **COMPLETED:** |  | **ANNUAL DOCUMENTS:** | **EXPIRES:** |
| JOB DESCRIPTION |  |  | CORE COMPETENCIES |  |
| CLINICAL HANDBOOK/POLICY & PROCEDURE MANUAL |  |  | FIT TEST (IF APPLICABLE) |  |
| HEPATITIS B or DECLINATION |  |  | PHYSICAL EXAMINATION |  |
| MMR or DECLINATION |  |  | TB SKIN TEST **OR**CHEST X-RAY |  |
| VARICELLA or DECLINATION |  |  | INFLUENZA or DECLINATION |  |
| PROFESSIONAL REFERENCES |  |  | INFECTION CONTROL/COVID-19 ORIENTATION |  |

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| I-9 (filed separately) | W-4 | STATE TAX |

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| TESTS: |

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| --- | --- | --- | --- | --- |
| NAME: | | CLASS: | | BIRTH DATE: |
| APPLICATION (hire date): | DL#: | | ISSUING STATE: | SS#: |