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#: |