

Agency Nurse Attestation Form

Agency Nurse (print) _____ RN LPN

I attest that the above nurse has completed all requirements checked below.

Agency Representative _____ Date _____

Passed drug screen

Health Screening

TB test (within the last year) Date _____ **OR** CXR (within 1 year) Date _____

Background Check

Skills Competency (every 3years) Date _____

Flu Vaccine Date _____

BLS (send copy of card)

ACLS (send copy of card)

PALS (send copy of card)

Current GA. nursing license (send copy)

Restraint application competency

N95 Respirator Fitting & Training

2012/2013 National Patient Safety Goals

ORMC PCS Computer Training

ORMC BMV Training

Last two (2) supervisors and contact numbers:

1. Name _____ Phone _____

2. Name _____ Phone _____

