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## Agency Nurse Data Sheet

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

### **I. Credentials**

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Original Verified By/Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Other:

Initial Evaluation Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Title: \_\_\_\_\_

### **II. VALIDATIONS OF MANADATORY KNOWLEDGE REQUIREMNETS**

- Orientation checklist completed/reviewed
- Mercer County Geriatric Center
- Park Place Genesis Elder Care
- Morris Hall
- Friend's Hospital
  
- \* Med Skill Test
- \* Fire Safety Policy and Procedure Test
- \* Blood borne pathogens policy/infection control test/hand-washing test
- \* Chemical hazard program (policy and procedure)
- \* Resident abuse policy and procedure test
- \* Harassment policy, critical indecent management
- \* Job description, uniform code, parking rules.
- \* Use if restraints

### **III. Liability Insurance**

Policy Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employee signature/date: \_\_\_\_\_