

Best Nurses, Inc.

Orientation/Availability Information

Name: _____ Classification: _____

Check any area that you are experienced in and interested in working.

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Med/Surg* | <input type="checkbox"/> Post Partum | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Pediatrics* | <input type="checkbox"/> Psych* |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Telemetry* | <input type="checkbox"/> NICU* |
| <input type="checkbox"/> ICU* | <input type="checkbox"/> Pediatric Private Duty | <input type="checkbox"/> PICU |
| <input type="checkbox"/> RR/PACU | <input type="checkbox"/> Adult Private Duty | <input type="checkbox"/> L&D* |
| <input type="checkbox"/> Emergency Room* | <input type="checkbox"/> Operating Room* | <input type="checkbox"/> CCU* |
| <input type="checkbox"/> Geriatrics | | |
| <input type="checkbox"/> Chemo/Oncology | _____ | |

**Denotes areas where a competency exam/skills checklist must be completed.*

Please check the days and shifts for which you are generally available.

	7A – 3P	3P – 11P	11P – 7A	7A – 7P	7P – 7A
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

List all area hospitals you have worked in or oriented at:					
Hospital	Area	Area	Area	Area	Area