



Arkansas Medical Staffing, LLC Professional Profile/History

Name/Title _____

Licensure Number/State _____

Certifications:

CPR- _____

ACLS- _____

PALS- _____

CEN- _____

BLS- _____

TNCC- _____

Other- _____

In the appropriate box please list years or months in the following units.

| | |
|------------------|-------------|
| Med/Surg | LTAC |
| ICU | CCU |
| MICU | SICU |
| NICU | PICU |
| PICCU | ER |
| NEURO | Nursery |
| Labor & Delivery | Psych. |
| LTC | Rehab |
| Gastro | Pediatric |
| Pulmonary | Allergy |
| Oncology | Step-Down |
| Urology | Orthopedics |
| Cath-lab | Telemetry |
| CTV | O.R. |
| Hospice | Other: |
| Other: | Other: |

Total Amount of years/months in Nursing: _____

I certify that the above information is true to the best of my knowledge

Signature

Date