



(800) 235-8986  
FAX: (800) 210-5545

**LOCUM TENENS NURSE ANESTHETIST APPLICATION**

Date of Application \_\_\_\_\_

**I. PERSONAL INFORMATION:**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Sex: M F Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Maiden / Former Name \_\_\_\_\_

U.S. Citizen: Yes No

Place of Birth: City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

If Incorporated: Business Name \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker: Yes No Group NPI No. \_\_\_\_\_

Referral Source \_\_\_\_\_

<p><b>Emergency Contacts:</b></p> <p>1) Name _____ Phone _____ Relation to you _____</p> <p>2) Name _____ Phone _____ Relation to you _____</p>
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**II. EDUCATION AND LICENSURE:**

Nursing School \_\_\_\_\_ Year Completion \_\_\_\_\_ Degree \_\_\_\_\_

Anesthesia School \_\_\_\_\_ Year Completion \_\_\_\_\_ Degree \_\_\_\_\_

Other Education \_\_\_\_\_ Year Completion \_\_\_\_\_ Degree \_\_\_\_\_

Date of Certification? \_\_\_\_\_ Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

States Licensed \_\_\_\_\_

State of Original Licensure \_\_\_\_\_ Licenses Pending \_\_\_\_\_

Malpractice Carrier \_\_\_\_\_ Policy Limits \_\_\_\_\_

Are You Certified in BLS? Yes No ACLS? Yes No PALS? Yes No NALS? Yes No



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**III. TYPES OF CASES COMFORTABLE WITH:**

Ortho	Neuro	Hearts	Major Vascular	Thoracic	Uro	OB	GYN
Transplants	Eyes	Burns	Geriatrics	Trauma	ENT	Abortions	Peds

Comments: \_\_\_\_\_

**IV. SKILLS PROFICIENT WITH:**

Epidurals	Spinals	Bier	Axillary	A-Lines	C-Lines	Swan Ganz
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Other Skills or Comments: \_\_\_\_\_

**V. DESIRED WORK SITUATION:**

Small Hosp. Supervised	Medium Hosp. Solo	University Hosp. Either	Trauma	Surgery Center	Office
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Are you interested in doing locums full-time or part-time? \_\_\_\_\_

When is your next availability? \_\_\_\_\_

Preferred length of assignment? \_\_\_\_\_

Are you willing to take call? \_\_\_\_\_ Are you willing to work overtime? \_\_\_\_\_

Maximum distance you are willing to drive to an assignment? \_\_\_\_\_

Do you travel with pets? \_\_\_\_\_ If so, what kind and size? \_\_\_\_\_

**VI. IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE COMPLETE DETAILS ON A SEPARATE SHEET:**

Do you have any illness, disease, mental or physical disability, or any other physical condition(s) which may limit or hinder your performance in the position for which you are applying? Yes No

Do you have any communicable diseases? Yes No

Have you ever received treatment or are you currently receiving treatment for substance abuse, alcohol abuse, or nerves? Yes No

Have you ever been convicted of a felony or crime other than a traffic violation? Yes No

Have your privileges at any healthcare facility ever been voluntarily or involuntarily relinquished, denied, suspended, diminished, revoked, or not renewed for any reason? Yes No

Have you ever been the subject of disciplinary proceedings at any healthcare facility? Yes No

Has your license or certification in any state ever been voluntarily or involuntarily relinquished, suspended, terminated, restricted, or is currently being challenged? Yes No



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Have you ever been the subject of disciplinary proceedings by any state licensure board?      Yes      No

Have you ever been suspended, terminated, sanctioned or otherwise restricted from participating in any private, public, federal, or state health insurance program (e.g., Medicare, Medicaid, Blue Shield)?      Yes      No

Have judgments or settlements been made against you in professional liability cases, or are claims pending?  
Yes      No

Is your CRNA certification/recertification by the Council on Recertification of Nurse Anesthetists current as of the date of this application?      Yes      No

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**VII. PLEASE INCLUDE CLEAR COPIES OF THE FOLLOWING WITH COMPLETED APPLICATION:**

Typed Resume or Curriculum Vitae

All State Nursing/ARNP Licenses

Malpractice Insurance of \$1mill/\$3mill (*preferred but not required – agency can provide*)

AANA Certification/Recertification Card

Council on Recertification of Nurse Anesthetists Card

Proof of Certification for BLS, ACLS, PALS and/or NALS, if applicable

Four (4) letters of reference or completed CRNA Reference Inquiry Forms (enclosed in application)

Signed Applicant's Statement of Consent and Release Form

List of last three (3) places of employment, with complete addresses, phone numbers and contact names

Recent photo (Passport size preferred)

Immunization Records: PPD or Chest X-Ray, Rubella, Rubeola, Measles, Mumps, Hepatitis B (*preferred but not required – most hospitals require immunization records for credentialing*)

Nursing and Anesthesia School Diplomas/Certificates

Social Security Card

Drivers License

NPI Confirmation – Individual (*Group NPI if applicable*)

Medicare / Medicaid / Blue Cross Numbers

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**VIII. APPLICANT'S STATEMENT OF CONSENT AND RELEASE:**

The facts set forth in this application for job placement with Nationwide Anesthesia Services, Inc. are true and complete. False statements on this application shall be considered sufficient cause for dismissal. Nationwide Anesthesia Services, Inc. and its representatives are hereby authorized to make any investigations of my personal and professional history through any agency or bureau necessary, including but not limited to, criminal background and criminal reports. Nationwide Anesthesia Services, Inc. is also authorized to investigate my ability, employment records or character through inquiries to the individuals and/or employers mentioned in this application. **I understand that Nationwide Anesthesia Services, Inc. has the right to request a drug screen prior to and during any assignment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_



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## CLINICAL SKILLS CHECKLIST – NURSE ANESTHESIA

I am proficient in the techniques and procedures indicated:

### GENERAL ANESTHESIA AND ANALGESIA:

Preoperative Evaluation and Meds  
Intravenous Agents  
Inhalation Agents  
Intramuscular Agents  
Other (Describe): \_\_\_\_\_

### REGIONAL ANESTHESIA:

Topical  
Infiltration  
Spinal  
Epidural & Caudal  
Intravenous  
Upper Extremity Blocks  
Lower Extremity Blocks  
Field Blocks  
Other Peripheral Blocks  
Other (Describe): \_\_\_\_\_

### DIAGNOSTIC & THERAPEUTIC BLOCKS:

Sympathetic Blocks  
Epidural  
Spinal – Differential  
Steroid, Alcohol & Drug Phenol Blocks  
Other (Describe): \_\_\_\_\_

### SPECIALTIES OR SPECIFIC SKILLS:

Open Heart  
Peds  
OB  
Pain Management

### PROCEDURES:

Intravenous Catheter Placement

### Intravenous Administration of:

Fluids  
Blood  
Plasma  
Plasma Expanders  
Muscle Relaxants  
Vasoactive Drugs  
Cardiac Drugs  
Other (Describe): \_\_\_\_\_

Placement of CVP Lines

Placement of Arterial Lines

Placement of Right Heart & Pulmonary Lines

Mechanical Ventilation

Resuscitation Techniques & Therapy

Cardiopulmonary Bypass Techniques

Autotransfusion Techniques

Hypotensive & Hypertensive Techniques

Hypothermia

Other (Describe): \_\_\_\_\_

### CERTIFICATIONS:

BLS PALS

ACLS NALS

Other (Describe): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



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**APPLICANT'S STATEMENT OF CONSENT AND RELEASE**

I hereby authorize Nationwide Anesthesia Services, Inc. and its representatives to consult any person or organization and to inspect any materials having or containing information which may have any bearing on my professional, ethical, and moral qualifications, including my personal character and professional competence. I hereby authorize Nationwide Anesthesia Services, Inc. to request such criminal background histories, drug screen tests and credit reports as Nationwide Anesthesia Services, Inc. deems appropriate. I hereby appoint Nationwide Anesthesia Services, Inc. my attorney in fact to request any such criminal, credit, drug, professional, and personal reports, at any time, without the need to seek further authorization from me. I hereby agree that this authorization and appointment shall be valid until revoked by me in a written revocation delivered to Nationwide Anesthesia Services, Inc. I hereby release from liability Nationwide Anesthesia Services, Inc. and its representatives for all acts performed in connection with evaluating my application for temporary job placement. I hereby release from liability all persons and organizations who furnish information concerning my professional competence, ethics, character, and other qualifications, and consent to the release of such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

*NOTE TO APPLICANT: You should provide a signed copy of this Statement of Consent and Release to each reference who will be completing an inquiry/evaluation form or letter of reference on your behalf. A signed copy of this Statement should also be provided to Nationwide Anesthesia Services, Inc. with your other application materials.*