

## AFFIDAVIT/ATTESTATION

I \_\_\_\_\_, hereby declare under penalty of perjury that I have completed training and/or verification of the following:

Nursing license # _____	Exp. Date: _____
BLS _____	Exp. Date: _____
ACLS _____	Exp. Date: _____
PALS _____	Exp. Date: _____

Hepatitis B vaccine/titer immunity \_\_\_\_\_ (date tested) \_\_\_\_\_  
 TB skin test negative \_\_\_\_\_ (date tested) \_\_\_\_\_  
 If waived, questionnaire negative for symptoms of TB \_\_\_\_\_  
 MMR immunity \_\_\_\_\_ (date tested) \_\_\_\_\_

### COMPETENCIES RN

OSHA

fire and safety training and test _____
hazardous materials _____
blood-borne pathogens _____
Infection Control / Hand Hygiene, _____
HIPPA Training, _____
Age Specific Competencies – _____ Check all that apply: <input type="checkbox"/> Geriatric <input type="checkbox"/> Adult <input type="checkbox"/> Adolescent <input type="checkbox"/> Pediatric <input type="checkbox"/> Infant
IV Conscious Sedation, _____
Malignant Hyperthermia, _____
Pain Management, _____
Cultural _____
Date Completed: (or orientation completed) _____
<b>PACU</b> skills competencies self-test: _____
<b>OR</b> skills competencies checklist if applicable _____

Please date when competencies were last completed and fax/email documentation to verify such.  
 If you need to complete competencies, they will be online in downloadable format.

Please answer the following

I \_\_\_\_\_ had a work-related injury; If yes, please provide dates, resolution and elaborate below.

I \_\_\_\_\_ have an allergy to latex or any other known substance(s) commonly encountered in the clinical setting. If yes, please elaborate below.

I \_\_\_\_\_ required substance abuse counseling and/or follow-up. If yes, please elaborate below.

Comments:

Comments:

Comments:

We request a copy of your Drivers License, Social Security Card and Immunization Records by fax / email or hard copy by snail mail.

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

Signed By

Sign Digitaly (optional)