

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 – _____ <div style="text-align: right; font-size: small;"> Check all that apply: <input type="checkbox"/> Geriatric <input type="checkbox"/> Adult <input type="checkbox"/> Adolescent <input type="checkbox"/> Pediatric <input type="checkbox"/> Infant </div>
IV Conscious Sedation, _____
Malignant Hyperthermia, _____
Pain Management, _____
Cultural _____
Date Completed: (or orientation completed) _____
PACU skills competencies self-test: _____
OR 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)