

**Attachment 6
Chesapeake Registry Program – Work Experience Checklist – RN**

HOSPITAL UNIT	UNIT EXPERIENCE DURING LAST 12 MONTHS:			<i>THIS FORM MUST BE COMPLETED ANNUALLY!</i>		
	APPROX. # SHIFTS	<u>OR</u> APPROX WEEKS (FULL TIME)	<u>OR</u> APPROX MONTHS (FULL TIME)	Experience in Career as RN (month/year to month/year)	Per Diem	Core Staff
BMT				to		
Burn				to		
Cath Lab				to		
Dialysis				to		
Endoscopy/GI Lab				to		
ER				to		
ER – Pediatrics				to		
ICU				to		
ICU – CV (CVICU)				to		
ICU-Neuro				to		
ICU-Pediatrics (PICU)				to		
ICU-Trauma				to		
L&D				to		
LTC				to		
Med Surg				to		
NICU-Level 2				to		
NICU-Level 3				to		
Nursery				to		
Nursery–Level 2				to		
OB				to		
Oncology				to		
OR				to		
OR-CV (CVOR)				to		
ORTHO				to		
PACU				to		
Pediatrics				to		
PSYCH – Adult				to		
PSYCH – Geriatric				to		
PSYCH – Pediatrics				to		
Radiology				to		
REHAB – Medical				to		
Renal/Transplant				to		
TELE				to		
TELE – Progressive				to		
Other:				to		
TOTAL						

SYSTEMS & PROCEDURES EXPERIENCE: (Circle One)

- Yes NO Balloon pump. **If yes: Balloon Pump Certified – Yes / NO**
- Yes NO Interpretation of Cardiac Dysrhythmias
- Yes NO Blood Glucose Monitor. **If yes: Type:** _____
- Yes NO IV Insertion
- Yes NO Moderate Sedation experience. **If yes:** _____
- Yes NO Epidurals
- Yes NO Fetal Monitoring
- Yes NO Computerized documentation. **If yes: System Used-** _____
- Yes NO Parenteral Administration of electrolytes and fluids
- Yes NO Phlebotomy
- Yes NO Recognition of the need for psychological and social services for patients and their families.
- Yes Other: _____

Employee Name (printed) _____ **Employee Signature/ "VIA TELEPHONE" (updates only)** _____ **Date / Update** _____

Agency _____ **Reviewed by (Signature & Credentials [i.e, RN])** _____ **Date** _____