

NJHA Registry Management Program

Attachment 5

Profile Verification Sheet
“REGISTERED NURSE”

All Information is Required

Name New Jersey License Number/Expiration Date

On file at Agency
Address Date of License Verification

On file at Agency
Emergency Contact Name/Next of Kin and Phone Number RN Classification (ICU, M/S, TELE)

CPR Certification/Expiration Date Advanced Certification/Expiration

Nursing Degree/ Institution/Date Obtained

Nursing Education and Work History Verified? ___ yes ___ no

Most recent employer where applicant worked for at least two years/Date of Employment

Healthcare Personnel Information:

	<u>Date Completed:</u>		<u>Date Completed:</u>
Satisfactory TB (annual)	_____	Hepatitis B Titer, Series or Declin. Form	_____
TB Screening Questionnaire*	_____	Varicella Titer or Immunization	_____
Chest X-Ray*	_____	11 Panel Drug Screen	_____
Annual Physical Exam	_____	Criminal Background Check	_____
Rubella Titer or Immunization	_____	Social Security Trace	_____
Rubeola Titer or Immunization	_____	OIG Medicare Fraud Search	_____
MMR Immunization	_____	HIPAA Acknowledgement Form	_____

* if applicable

Population Served (check all applicable):

___ Neonatal ___ Infant/Children (0-11) ___ Adolescent (12-18) ___ Adult ___ Geriatric

An updated Profile Verification Sheet must be provided to a Participating Institution prior to assignment.
Application on file at Agency.

Agency information and verification provided is subject to unannounced audits by NJHA.

Agency Name Agency Representative **Signature and Date**