

Shipboard Medical Recruitment

Nurse Skills List Questionnaire

Applicant information:				
Full name (as in passport):		Length of time qualified:		
Professional Registration:		Registration Code/Nr:		
List your professional experience within the last 5 years (calculate Total Time in Months and Years):	Medical specialty	Date started	Date ended	Total time

Qualifications and certifications:				
List all your academic and post-graduate qualifications:	Title	Date attained		
Select from the list, all certifications that you currently hold or have held in the last 5 years (select only those that apply):	Certification	Date obtained	Expiration date	Renewing on
	ACLS/ALS			
	PALS			
	PHTLS/ITLS/TNCC			

Please provide details of your experience using electronic health records and other IT platforms:

If non-native English speaker, provide details of your personal and professional exposure to the language:

Please indicate the number of times, or estimate, that you have performed the below procedures during your whole career, and the last month and year you performed each:

Procedures	No	Yes	If Yes, approx. how many times?	Date last performed
1. Have you performed initial patient assessment and triage?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Have you performed a 12 lead ECG?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Have you interpreted a 12 lead ECG to detect major arrhythmias/ischemia?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Have you cared for a patient undergoing thrombolytic therapy?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have you performed chest compressions and artificial ventilations?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have you been a member of a cardiac arrest resuscitation team?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you operated an AED during a resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you operated a manual defibrillator during a resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you participated in a cardioversion procedure?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Have you cared for a patient with a chest tube/drain in situ?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Have you cared for patients with an endotracheal tube, on a ventilator?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Have you maintained arterial lines and central vascular accesses?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Have you prepared analgesia or sedation drugs during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Have you prepared and started/maintained infusion of inotropic drugs?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Have you prepared and administered medication to pediatric patients?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Have you cared for patients on noninvasive ventilation?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Have you cared for burn patients (above 18% BSA)?	<input type="checkbox"/>	<input type="checkbox"/>		
18. Have you performed venipuncture for simple blood sampling?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Have you cannulated peripheral veins for IV medications and fluids?	<input type="checkbox"/>	<input type="checkbox"/>		
20. Have you administered IV drug boluses (venipuncture)?	<input type="checkbox"/>	<input type="checkbox"/>		
21. Have you inserted an intraosseous needle in an adult patient?	<input type="checkbox"/>	<input type="checkbox"/>		
22. Have you inserted an intraosseous needle in a pediatric patient?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Have you used adhesive strips as a wound closure technique?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Have you applied splints or back-slabs to immobilize orthopedic injuries?	<input type="checkbox"/>	<input type="checkbox"/>		
25. Have you cared for patients with acute spinal injuries?	<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you participated in the application of a spinal immobilization?	<input type="checkbox"/>	<input type="checkbox"/>		
27. Have you performed male urinary catheterizations?	<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you performed female urinary catheterizations?	<input type="checkbox"/>	<input type="checkbox"/>		
29. Have you cared for trauma patients with deep laceration wounds?	<input type="checkbox"/>	<input type="checkbox"/>		
30. Have you applied a hemostasis technique to stop a bleed?	<input type="checkbox"/>	<input type="checkbox"/>		
31. Have you cared for patients in clinical isolation for transmissible diseases?	<input type="checkbox"/>	<input type="checkbox"/>		
32. Have you acted as the shift in-charge nurse?	<input type="checkbox"/>	<input type="checkbox"/>		
33. Have you participated in the management of clinical supplies stock?	<input type="checkbox"/>	<input type="checkbox"/>		
34. Have you mentored new medical staff professionals?	<input type="checkbox"/>	<input type="checkbox"/>		

Signature:

Date: