ATTACHMENT I: Candidate Nursing Requirements 19-RFP-015305-BET

List of items needed when submitting candidates for review: Complete ALL sections

1. License – must be active unrestricted NC license with no current restrictions and/or pending disciplinary actions in NC or any other state.
    a. Are there any current restrictions or pending disciplinary action in NC or any other state? If yes, not eligible _____
    b. Past disciplinary action in NC or any other state: _____
2. Skills Check List
3. Resume
    a. Has the applicant ever been terminated from employment? _____
4. References
5. Has applicant worked in DPS/Prisons before? If yes, when and where _____
6. Has applicant ever been released from travel nurse contract from any of the DPS/Prison facilities? If yes, when, where & for what reason? _____

    _____
7. Completed DCI Form (attached), maiden name, including all names previously used
8. Travel rate (include copy of driver's license) or Local Rate
    Shift preference: _____
9. Contact phone number of applicant for telephone interview: _____
10. Has applicant ever been convicted of anything other than a minor traffic violation? If yes, please explain.
    _____
11. Does applicant have any family member(s)/significant others currently incarcerated in a NC Dept of Public Safety- Prisons facility? If yes identify

    Inmate Name_____Number_____

    Inmate's Current Prison Location_____

    Relationship to Inmate_____

    **applicant not permitted to work at the facility where family member/significant other is located

List of items needed when candidate is submitted for consideration:

1. Copy of current license or certification.
2. Copy of Current TB screening
3. Copy **of** BLS Card - CURRENT – expiration date: _____

Final Commitment information required from selected candidate- (via e-mail)

1. Copy of Drug Screen upon initial hire: _____
2. Physical statement that nurse has no medical or physical restrictions and can work without restrictions
3. Copy of MMR (infirmary and inpatient setting)
4. Copy **of** Hepatitis Vaccine Series or statement of Declination: _____
5. Start and end dates: _____
6. Hourly rate: _____
7. Total weekly hours: _____
8. Length of commitment
    13 weeks- new to the facility and renewal candidates: _____
    26 weeks- renewal candidates only with approval of Health Services Director of Nursing: _____
9. Renewal candidate (yes/no)