

Applicant's Name:	Completed by:	Date:
-------------------	---------------	-------

STAFFING AGENCIES SUPPLEMENTAL APPLICATION

1. By state and by job title, indicate the total number of staffing hours expected for the upcoming year. (Attach a separate sheet if indicated).

City, State	Job Title	Staffing Hours

2. Indicate the type of clients you provide staffing for:

- a. United States military YES NO
- b. Laboratories engaged in pharmaceutical, research, developmental or experimental medicine of any kind YES NO
- c. Non-medical entities YES NO
- d. Hospitals YES NO
- e. Long-term care facilities YES NO
- f. What percentage of your revenues? _____% YES NO
- g. Correctional facilities YES NO
- h. Home Health Care YES NO
- h. Other: _____

3. What is the minimum length of experience that you require? _____
How is this verified? _____

4. How do you assess initial competency of new staff?

- a. Written checklist YES NO
- b. In-house competency testing YES NO
- c. Verification from previous employer YES NO
- d. Other: _____

5. Do you have skills checklists for the following?

- a. Medical/Surgical YES NO
- b. Pediatric YES NO
- c. Oncology Unit YES NO
- d. Dialysis YES NO
- e. Psychiatric YES NO
- f. Neonatal Intensive Care YES NO
- g. Pediatric Intensive Care YES NO
- h. Perioperative YES NO
- i. Post Anesthesia Care/Recovery YES NO
- j. Labor & Delivery YES NO
- k. Post Partum/Nursery YES NO
- l. Emergency Room YES NO
- m. What other skills checklist do you use?: _____

6. How do you validate the information on the skills checklist? _____

7. How often do you validate the information on the skills checklist? _____

8. Do you provide simulation training for:
- a. Airway management YES NO
 - b. Labor and delivery YES NO
 - c. Crisis Management YES NO
9. Who is responsible for training your staff when they are placed in a facility? _____

10. Do you randomly audit documentation for quality and thoroughness? YES NO
11. Do you provide 24 hour access to 'live' clinical resources for your staff? YES NO
12. What is the average length of time your employees and contracted staff remain employed/contracted with your registry? _____

13. Contractual Agreement - Please indicate if the following service contract components are established. If 'No', please explain in the Comments section.
- a. The contract requires the facility to provide a specifically designed formal orientation for staff that:
 - i. Is agreed to by both parties YES NO
 - ii. Is performance/competency based YES NO
 - iii. Requires a facility job description that coincides with the agency staff's responsibilities YES NO
 - iv. Defines the evaluation requirements to be completed by supervisor YES NO
 - v. Defines the evaluation requirements to be completed by agency staff. YES NO
 - b. Facility orientation requirements include but are not limited to:
 - i. Documentation requirements YES NO
 - ii. Administration of medications (when applicable) YES NO
 - iii. Emergency phone numbers within facility YES NO
 - iv. Emergency and disaster protocols YES NO
 - v. Incident reporting YES NO
 - vi. Infection control guidelines YES NO
 - vii. Safety policies YES NO
 - viii. Departmental policies and procedures YES NO
 - ix. Reporting relationships (supervisory), etc. YES NO

Comments Section:

