



Mentoring and Nursing Education Consultation

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Email: _____

Do you require sponsorship to work in the US? YES NO

Social Security Number: _____ Are you over the age of 18? YES NO

Emergency Contact: _____ Phone: _____

Requested Services: _____

What hours are you available? Please list below:

EDUCATION

Type of School	Name of School	Address	Number of Years Completed?	Major/Degree
High School				
College				
Trade School				
Graduate School				



HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, please explain the number of convictions, the nature of the offense(s) leading to the conviction(s), how recently was/were the offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation.

Please list two personal references:

Name: _____

Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Please list any additional skills, qualifications, certifications, or training that you feel is relevant to this position (e.g., speak a foreign language, CPR, or other training or special education).

Specialty: Check all that apply

<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Autism
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Hospice	<input type="checkbox"/> Other
<input type="checkbox"/> Case Management	<input type="checkbox"/> Home Health	
<input type="checkbox"/> Director of Nursing	<input type="checkbox"/> Alzheimer's or Dementia	

Health Care Experience

<input type="checkbox"/> less than a year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> More than 5 years
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Do you have a current license? YES NO

If so, in which states?

Has your nursing license ever been suspended or revoked? YES NO

Have you ever been disciplined for being unprofessional or unethical nursing to include abuse or neglect?

YES NO

If so, explain

Skills Set

	Years of Experience	Training		Years of Experience	Training		Years of Experience	Training
Hospital			Transfer ROM			Geriatric Care		
Nursing Home			Bathing			Pediatric Care		
Private Home			TPR			Psychiatric Care		
Meal Prep			Blood Pressure			AIDS Care		
Special Diets			Dressing Change			Maternal		
CVA			Warm/Cold Compress			Intellectual Disability Care		
IV Therapy			Respiratory Care			Alzheimer's Care		
Foley Care			Ostomy Care			Oncology/ Hospice Care		
Tracheostomy			Ventilator					



Notice of Agreement

In exchange for this consultation application DeRBee Nursing Education Mentoring and Partnership Network LLC, also known as DeRBee Nursing Network agree that:

1. Neither the acceptance of this application nor the subsequent entry into any type of relationship for the services applied for or any other position. Both the undersigned and DeRBee Nursing Network may end the relationship at any time.
2. I further understand that my relationship with DeRBee shall be probationary for a period of ninety (90) days, and at any time during the probationary or thereafter, my relationship with DeRBee Nursing Network is terminable at will for any reason by either party.
3. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.
4. I hereby give DeRBee Nursing Network permission to contact schools, references, and perform a criminal background check as required by state law. I hereby release DeRBee Nursing Network from any liability as a result of such contact.
5. I hereby understand that a 30 min consultation is free and services thereafter will be billed at an hourly rate of \$25.00

Signature of Applicant: _____ Date: _____

Please email application to derbee97@gmail.com