

**CARE TEAM SUPERVISOR**

**QUALIFICATIONS CHECKLIST**

In addition to answering the questions below regarding your qualifications, please submit a resume and cover letter with your Employment Application. Your cover letter should address why you are interested in working at Unity Care NW and describe your experience in a position of this type.

| **QUALIFICATIONS** | **Yes** | **No** |
| --- | --- | --- |
| 1. Have you received a degree from an accredited nursing education program?
 | [ ]  | [ ]  |
| 1. Do you possess a current Washington State RN license with no restrictions?
 | [ ]  | [ ]  |
| 1. Do you have at least four years’ experience with out-patient clinic responsibilities (preferred)?
 | [ ]  | [ ]  |
| 1. Do you have experience working in a community health center (preferred)?
 | [ ]  | [ ]  |
| 1. Do you have experience with delegation/supervision of nursing functions (preferred)?
 | [ ]  | [ ]  |
| 1. Do you have at least two years of supervisory experience in a clinical setting (preferred)?
 | [ ]  | [ ]  |
| 1. If applicable, was your supervisory experience in a primary clinic? If no, please indicate in which type of role you supervised:
 | [ ]  | [ ]  |
| 1. Are you familiar with population care management concepts?
 | [ ]  | [ ]  |
| 1. Do you have experience with diabetic education?
 | [ ]  | [ ]  |
| 1. Do you have experience with motivational interviewing?
 | [ ]  | [ ]  |
| 1. Do you have experience with pediatrics? If yes, indicate years of experience & type of organization:
 | [ ]  | [ ]  |
| 1. Do you have experience with adults? If yes, indicate years of experience & type of organization:
 | [ ]  | [ ]  |
| 1. Do you have knowledge of local Whatcom County community resources?
 | [ ]  | [ ]  |
| 1. Do you have experience using Electronic Medical Records (EMR)? Please indicate EMR software with which you are proficient.
 | [ ]  | [ ]  |
| 1. Do you have current CPR/BLS certification (required)? Please indicate expiration date:
 | [ ]  | [ ]  |
| 1. Are you proficient in Microsoft Outlook?
 | [ ]  | [ ]  |
| 1. Are you proficient in Microsoft Word?
 | [ ]  | [ ]  |
| 1. Are you proficient in Microsoft Excel?
 | [ ]  | [ ]  |
| 1. Are you able to work a Saturday rotation (you would normally get a day off the previous week)?
 | [ ]  | [ ]  |
| 1. Are you able to work every Saturday as part of your regular schedule?
 | [ ]  | [ ]  |
| 1. Are you able to work full-time at 40 hours per week?
 | [ ]  | [ ]  |
| 1. Are you able to work part-time? If yes, what are the minimum hours per week you are able to work:
 | [ ]  | [ ]  |
| 1. Can you work independently as well as in a team setting?
 | [ ]  | [ ]  |
| 1. Are you knowledgeable in HIPAA and understand the importance of confidentiality in the health care field?
 | [ ]  | [ ]  |
| 1. Do you have experience educating patients & their family members in matters related to their health care?
 | [ ]  | [ ]  |
| 1. Do you have triage experience addressing & prioritizing patient calls?
 | [ ]  | [ ]  |
| 1. Are you able to understand & respond effectively & with sensitivity to special populations served by UCNW? Special populations include those defined by race, ethnicity, language, age, sex, sexual orientation, economic standing, disability, migrant and seasonal worker status, homelessness and others.
 | [ ]  | [ ]  |
| 1. The Centers for Disease Control and Prevention strongly recommends the following vaccines for healthcare workers:  Influenza, Measles, Mumps and Rubella (MMR), Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis) and Tuberculosis screening. As a UCNW employee would you agree to follow these CDC recommendations?
 | [ ]  | [ ]  |
| 1. Are you able to perform the job duties & responsibilities as listed on the Job Description, with or without accommodation? Please list exceptions here:
 | [ ]  | [ ]  |

***I hereby certify that all statements made above are true and correct.***

Signature Date

Print Name