

**PROCESS IMPROVEMENT NURSE (RN/BSN)**

**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. Do you have a Bachelor of Science degree in Nursing?
 | [ ]  | [ ]  |
| 1. Do you have a current Washington State Registered Nurse license with no actions on record? If not, please explain:
 | [ ]  | [ ]  |
| 1. Do you have at least three (3) years’ nursing experience in a primary care or equivalent setting? If not in primary care, please describe setting:
 | [ ]  | [ ]  |
| 1. Do you have experience with Quality Improvement Programs? If yes, please explain:
 | [ ]  | [ ]  |
| 1. Are you familiar with population care management?
 | [ ]  | [ ]  |
| 1. Do you have experience using Electronic Medical Records (EMR)? Please indicate EMR software with which you are proficient.
 | [ ]  | [ ]  |
| 1. Do you have a current CPR/BLS certification? If yes, 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 proficient in Microsoft PowerPoint?
 | [ ]  | [ ]  |
| 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 possess excellent communication, critical thinking & problem solving skills?
 | [ ]  | [ ]  |
| 1. Are you able to perform general office skills and use computers, faxes, telephones, printers, scanners and copy machines?
 | [ ]  | [ ]  |
| 1. Are you able to organize and prioritize your work load efficiently and effectively?
 | [ ]  | [ ]  |
| 1. Are you able to maintain an effective and positive professional working relationship with health care providers, leadership, staff and patients at all times?
 | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| 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