

TO BE COMPLETED BY PHYSICIAN

First Name	Middle Name	Last Name
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Email Address

CERTIFICATIONS

BLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	BLS Exp. Date	/	/	NALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	NALS Exp. Date	/	/
ATLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	ATLS Exp. Date	/	/	ABLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABLS Exp. Date	/	/
PALS/APLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	PALS/APLS Exp. Date	/	/	NRP	<input type="checkbox"/> Yes <input type="checkbox"/> No	NRP Exp. Date	/	/

Please check the appropriate boxes to indicate which clinical capabilities you are able to perform.

CLINICAL AREAS

- Outpatient settings Inpatient settings Out/Inpatient settings without ICU (or equivalent) coverage
- Out/Inpatient settings with ICU (or equivalent) coverage - diagnosis and management of patients with serious or critical illnesses
- ICU Hospitalist Urgent Care

NURSERY SERVICES

- Attend C-section/high-risk deliveries (must be NRP certified)
- Nursery Level I - Routine newborn care
- Nursery Level II/NICU (or equivalent) - Diagnosis and management of newborns with serious or critical illnesses; ventilator assistance may or may not be needed; ability to transfer to higher level of care if indicated

PROCEDURES

- Ventilation Management - establishing and maintaining an airway; various modes of ventilation for up to 24 hours without pulmonary consultation
- Invasive (ETT/NT/Tracheotomy)
- Evaluation and management of acute volume/BP issues
- Non-Invasive (BiPAP/CPAP)

Insertion of:

- Diagnostic/therapeutic taps (including those specified below) # performed in the last 2 years _____
- Central Line # performed in the last 2 years _____
- Paracentesis # performed in the last 2 years _____
- Arterial Line # performed in the last 2 years _____
- Thoracentesis # performed in the last 2 years _____
- PA Catheter # performed in the last 2 years _____
- Circumcision # performed in the last 2 years _____
- Chest tube insertion
- Bladder taps
- Lumbar puncture

Please list any procedures customary to your specialty training that you are not comfortable performing:

DISCLAIMER

The information I have given is true and accurate to the best of my knowledge. By signing below I hereby authorize Advantage Locums, LLC to release this Pediatrics Clinical Capabilities Checklist to facilities of Advantage Locums, LLC in relation to consideration of my employment.

Signature

Print Name

Date Completed