

ALLERGY/IMMUNOLOGY CLINICAL CAPABILITIES

Last Name

First Name

The following checklist is used to assess your experience and skills in order to assist us in placing you in a successful assignment. Please provide an accurate self-assessment of your skills using the following guidelines:

Frequency	Experience		
1. Never Done or Observed Only	1. No Experience		
2. Rarely Done (less than 6 times/year)	2. Limited Experience		
3. Occasionally Done (1-2 times/month)	3. Experienced		
4. Frequently Done (daily or weekly)	4. Highly Skilled		

AREAS OF INTEREST	Frequency	Experience
Autoimmune Conditions	01020304	\circ 1 \circ 2 \circ 3 \circ 4
Dermatologic Conditions	01020304	\circ 1 \circ 2 \circ 3 \circ 4
Gastrointestinal Conditions	01020304	\circ 1 \circ 2 \circ 3 \circ 4
Reactive Airway Conditions	01020304	\circ 1 \circ 2 \circ 3 \circ 4

POPULATIONS WORKED WITH	Frequency	Experience	
Adults	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Pediatrics	\circ 1 \circ 2 \circ 3 \circ 4	\circ 1 \circ 2 \circ 3 \circ 4	

*ALLERGY/IMMUNOLOGY	Frequency	Experience	
Inpatient setting	\circ 1 \circ 2 \circ 3 \circ 4	\circ 1 \circ 2 \circ 3 \circ 4	
Outpatient setting	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
*DEFINITION-Allergy/Immunology – Diagnosis and treatment of			
conditions such as allergies (drug, environmental, food, etc.) asthma and			
autoimmune processes			

INTERNAL MEDICINE	Frequency	Experience
Diagnosis and management of medical problems associated with	01020304	\circ 1 \circ 2 \circ 3 \circ 4
allergic/immunologic conditions in an outpatient setting		
Independent care of uncomplicated medical problems associated with	\circ 1 \circ 2 \circ 3 \circ 4	\circ 1 \circ 2 \circ 3 \circ 4
allergic/immunologic conditions in an inpatient setting		

PROCEDURES	Frequency	Experience	
Skin testing	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Immediate hypersensitivity	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Delayed hypersensitivity	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Desensitization therapy	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Rapid	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Pulmonary function studies	01020304	01020304	
Spirometry only	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Bronchial provocation	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Rhinolaryngoscopy	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
Immunotherapy	01020304	\circ 1 \circ 2 \circ 3 \circ 4	
IVIG	01020304	01020304	

Clinical Certifications						
1	ACLS	\circ Yes \circ No	Expiration Date	BLS	\circ Yes \circ No	Expiration Date
]	PALS	$\circ Yes \circ No$	Expiration Date			

In a clinical emergency, it is expected that a practitioner will render whatever care they deem necessary to save a life, organ or limb in accordance with sound professional practices. Please be aware that this form constitutes your application to be credentialed for specific areas and procedures while on assignment through Next Medical Staffing. The credentialing Committee may not consider for approval clinical capabilities where a box is not checked.

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Next Medical Staffing to release this Clinical Capabilities Checklist and related documents to staffing clients of Next Medical Staffing.