

Job Posting

If you would like Qualivis to post an assignment on your behalf, please complete the following form and submit to your account manager via email or on the Qualivis website.

SERVICE LINE: *(check appropriate box for posting position)*

- Travel
 Per Diem
 Critical and Rapid Response
 Temp to Perm
 Direct Hire
 Interim Management & Executives
 HIM, HIT and Coding
 Locum Tenens
 International Nursing

FACILITY:

Facility Name: _____

City: _____ State: _____

Job Class: _____ Skill/Specialty: _____

Unit/Department Info: _____

Start Date: _____ Length: _____

Possible Extension For Travel Assignment: Yes No How Many Are Needed: _____

SHIFT INFORMATION:

Shift Start: _____ a.m. p.m. Shift End: _____ a.m. p.m.

Weekdays
 Some Weekends
 Every Other Weekend
 On Call
 Charge
 Rotate
 Float

Holidays _____
 Preceptor
 Critical Incentive Rate

REQUIREMENTS:

Certifications Required:

- | | | | | | |
|-------------------------------|-------------------------------|--------------------------------|-------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> BCLS | <input type="checkbox"/> ENPC | <input type="checkbox"/> NIHSS | <input type="checkbox"/> SANE | <input type="checkbox"/> First Assist | <input type="checkbox"/> CPI |
| <input type="checkbox"/> ACLS | <input type="checkbox"/> CEN | <input type="checkbox"/> CHEMO | <input type="checkbox"/> NRP | <input type="checkbox"/> NAACOG | <input type="checkbox"/> AWHONN |
| <input type="checkbox"/> TNCC | <input type="checkbox"/> CCRN | <input type="checkbox"/> ONC | <input type="checkbox"/> PALS | <input type="checkbox"/> IV | |

Other Credentials: _____

Skills Required: FM (Select one): Beginner Intermediate Advanced

- | | | | | | |
|-----------------------------------|--------------------------------|--|--|---|--|
| <input type="checkbox"/> Vents | <input type="checkbox"/> ICP | <input type="checkbox"/> Circulate | <input type="checkbox"/> Telemetry | <input type="checkbox"/> PA Lines | <input type="checkbox"/> Balloon Pumps |
| <input type="checkbox"/> IV Start | <input type="checkbox"/> SWANZ | <input type="checkbox"/> Charge Experience | <input type="checkbox"/> Level 1 Trauma Experience | <input type="checkbox"/> Conscious Sedation | |
| <input type="checkbox"/> Triage | <input type="checkbox"/> Scrub | | | | |

Other: _____

Experience Required: 1Yr 2Yr 3Yr+ Prior Travel Contract Experience: Preferred Required

EMR: EPIC CERNER MEDITECH Other: _____

Additional Requirements: _____

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RATES:

Do you have a specified rate or rate range for this position? Yes _____ No, use agency's submitted rates.

If **temp-to-perm** (excluding travel nursing and travel allied health) agency placement fee for conversion from temp-to-perm employment is 10% of total estimated annualized wage compensation to be paid by facility to worker over 12 months of employment, unless otherwise negotiated between facility and agency.

If **direct hire** in facility employment, the direct hire agency placement fee for this position will be _____ (enter % or \$ amount).

Contact Person to Receive Profiles:

Name: _____

Phone: _____ Email: _____