

PIMA COUNTY NURSING SUPPLEMENT

ALL INFORMATION PROVIDED ON THIS SUPPLEMENT *MUST* BE EXPLAINED IN DETAIL ON YOUR APPLICATION.

PRINT NAME: _____ **SOCIAL SECURITY #:** _____

MARK ONLY THOSE DEPARTMENTS IN WHICH YOU ARE INTERESTED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Kino Community Hospital | <input type="checkbox"/> Posada del Sol (Nursing Home) |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Pima Health System | <input type="checkbox"/> Public Health (BSN REQUIRED FOR 4143 POSITIONS) |
| | | <input type="checkbox"/> Sheriff's Adult Detention Center |

**PLEASE CHECK (✓) ALL SPECIALTY AREAS BELOW
LIST THE EMPLOYER FOR WHOM YOU PROVIDED THESE SERVICES**

SPECIALTY AREA	N.A.	LPN	NURSE	EMPLOYER
ACLS				
Acquired Immune Deficiency Syndrome				
Acute Medical/Surgery				
Administration				
Alcohol				
Ambulatory Care				
Brain Stem Injuries				
Central Nervous System				
Central Venous Line				
Community Assessment				
Community Health Promotion				
Coronary Care				
Detention/Corrections				
Drug Abuse				
Emergency Room				
Epidemiology				
Family Planning				
Family Practice				
Geriatrics				
Home Health Care				
Immunizations				
Infection Control				
Injections				
Inservice Education Staff Development				
Intensive Care				
J C A H O				
Labor & Delivery				
Long Term Care				

SPECIALTY AREA	N.A.	LPN	NURSE	EMPLOYER
Maternal Child Health				
Management				
Midwifery				
Monitor				
Nurse Practitioner (specify area)				
Nursery				
Nursing home				
Operating Room				
Pediatrics				
Physician's Office/Clinic				
Post Anesthesia (PAR)				
Post-Partum				
Psychiatric/Behavioral				
Public Health				
Quality Assurance				
Recovery Room				
Rehabilitation				
School Nursing				
Staff Development				
Telemetry				
Trauma				
Triage				
Urgent Care				
Utilization Review				
Venipuncture				
Ventilators				
Women's Health				
Other:				

I hereby certify that the information contained in this application/supplement is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with Pima County. I authorize Pima County to make all necessary and appropriate investigations, including reference checks, to verify the information contained herein.

SIGNATURE: _____

DATE: _____