

**ATTACHMENT I: Candidate Nursing Requirements 19-RFP-015305-BET**

**List of items needed when submitting candidates for review:**

1. License – must be active unrestricted NC license with no current restrictions and/or pending disciplinary actions in NC or Nursing any other state. Certified Nursing Assistants must maintain CAN I with Nurse Aid Registry in addition to CNAII licensure.
  - a. Are there any current restrictions or pending disciplinary action in NC or any other state? If yes, not eligible
  - b. Past disciplinary action in NC or any other state: \_\_\_\_\_
2. Skills Check List
3. Resume
  - a. Has the applicant ever been terminated from employment? \_\_\_\_\_
4. References
5. Has applicant worked in DPS/Prisons before? If yes, when and where \_\_\_\_\_
6. Has applicant ever been released from travel nurse contract from any of the DPS/Prison facilities? If yes, when, where & for what reason? \_\_\_\_\_  
\_\_\_\_\_
7. Completed DCI Form (attached), maiden name, including all names previously used
8. Shift preference: \_\_\_\_\_
9. Contact phone number of applicant for telephone interview: \_\_\_\_\_
10. Has applicant ever been convicted of anything other than a minor traffic violation? If yes, please explain.  
\_\_\_\_\_
11. Does applicant have any family member(s)/significant others currently incarcerated in a NC Dept of Public Safety- Prisons facility? If yes identify

Inmate Name \_\_\_\_\_ Number \_\_\_\_\_

Inmate's Current Prison Location \_\_\_\_\_

Relationship to Inmate \_\_\_\_\_

\*\*applicant not permitted to work at the facility where family member/significant other is located

**List of items needed prior to starting:**

1. Copy of Drug Screen upon initial hire
2. Physical statement that nurse has no medical or physical restrictions and can work without restrictions
3. **Copy of** MMR (infirmary and inpatient setting)
4. **Copy of** Current TB screening
5. **Copy of** Hepatitis Vaccine Series or statement of Declination: \_\_\_\_\_
6. **Copy of** BLS Card - CURRENT – expiration date: \_\_\_\_\_
7. **Copy of** Non-Violent Crisis Intervention CPI, NCI, CIT or other. Date \_\_\_\_\_

**Final Commitment required from selected candidate- (via e-mail)**

1. Start and end dates: \_\_\_\_\_
2. Hourly rate: \_\_\_\_\_
3. Total weekly hours: \_\_\_\_\_
4. Length of commitment  
13 weeks- new to the facility and renewal candidates: \_\_\_\_\_  
26 weeks- all Certified Nursing Assistants; and renewal candidates with approval of Health Services Director of Nursing: \_\_\_\_\_
5. Renewal candidate (yes/no)