

GENERAL INFORMATION SHEET

Check if Applicable

GENERAL INFORMATION	
No 1st Shift	<input type="checkbox"/>
No 2nd Shift	<input type="checkbox"/>
No 3rd Shift	<input type="checkbox"/>
Not Willing to Take Call	<input type="checkbox"/>
Vacation Coverage Only	<input type="checkbox"/>
No Adults	<input type="checkbox"/>
No Children	<input type="checkbox"/>
No Clinics	<input type="checkbox"/>
No Drivers License	<input type="checkbox"/>
No Fluoro	<input type="checkbox"/>
No Hospice	<input type="checkbox"/>
No Hospitals	<input type="checkbox"/>
No ICU	<input type="checkbox"/>
No Infants	<input type="checkbox"/>
No Mammo	<input type="checkbox"/>
No Mobiles	<input type="checkbox"/>
No Neonates	<input type="checkbox"/>
No Outpatient Centers	<input type="checkbox"/>
No Portables	<input type="checkbox"/>
No Private Off physicians	<input type="checkbox"/>
No Surgery	<input type="checkbox"/>
No Transports	<input type="checkbox"/>
No Trauma	<input type="checkbox"/>
No Weekends	<input type="checkbox"/>
Not All Facilities	<input type="checkbox"/>
Not Available for STATS	<input type="checkbox"/>
Not Willing to Travel	<input type="checkbox"/>
Smoker	<input type="checkbox"/>
Uses Public Transportation	<input type="checkbox"/>
Travel with Pet(s)	<input type="checkbox"/>

LANGUAGES	
Spanish/Bilingual	<input type="checkbox"/>
Chinese/Bilingual	<input type="checkbox"/>
French/Bilingual	<input type="checkbox"/>
German/Bilingual	<input type="checkbox"/>
Italian/Bilingual	<input type="checkbox"/>
Japanese/Bilingual	<input type="checkbox"/>
Portuguese/ Bilingual	<input type="checkbox"/>
Arabic/Bilingual	<input type="checkbox"/>
Swedish/ Bilingual	<input type="checkbox"/>
Other:	<input type="checkbox"/>

CERTIFICATION	Expiration
<input type="checkbox"/> CPR	
<input type="checkbox"/> BCLS	
<input type="checkbox"/> ACLS	
<input type="checkbox"/> Other:	

EDUCATION	
<input type="checkbox"/> Associate's Degree	
<input type="checkbox"/> Bachelor's Degree	
<input type="checkbox"/> Master's Degree	
<input type="checkbox"/> Ph.D.	
<input type="checkbox"/> Fellowship	
<input type="checkbox"/> Doctor of Osteopathy	
<input type="checkbox"/> Medical Doctor (MD)	
<input type="checkbox"/> Other:	

STATE LICENSURE		
<input type="checkbox"/> Alabama	<input type="checkbox"/>	Montana
<input type="checkbox"/> Alaska	<input type="checkbox"/>	Nebraska
<input type="checkbox"/> Arizona	<input type="checkbox"/>	Nevada
<input type="checkbox"/> Arkansas	<input type="checkbox"/>	New Hampshire
<input type="checkbox"/> California	<input type="checkbox"/>	New Jersey
<input type="checkbox"/> Colorado	<input type="checkbox"/>	New Mexico
<input type="checkbox"/> Connecticut	<input type="checkbox"/>	New York
<input type="checkbox"/> Delaware	<input type="checkbox"/>	North Carolina
<input type="checkbox"/> District of Columbia	<input type="checkbox"/>	North Dakota
<input type="checkbox"/> Florida	<input type="checkbox"/>	Ohio
<input type="checkbox"/> Georgia	<input type="checkbox"/>	Oklahoma
<input type="checkbox"/> Hawaii	<input type="checkbox"/>	Oregon
<input type="checkbox"/> Idaho	<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/> Illinois	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/> Indiana	<input type="checkbox"/>	South Carolina
<input type="checkbox"/> Iowa	<input type="checkbox"/>	South Dakota
<input type="checkbox"/> Kansas	<input type="checkbox"/>	Tennessee
<input type="checkbox"/> Kentucky	<input type="checkbox"/>	Texas
<input type="checkbox"/> Louisiana	<input type="checkbox"/>	Utah
<input type="checkbox"/> Maine	<input type="checkbox"/>	Vermont
<input type="checkbox"/> Maryland	<input type="checkbox"/>	Virginia
<input type="checkbox"/> Massachusetts	<input type="checkbox"/>	Washington
<input type="checkbox"/> Michigan	<input type="checkbox"/>	West Virginia
<input type="checkbox"/> Minnesota	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/> Mississippi	<input type="checkbox"/>	Wyoming
<input type="checkbox"/> Missouri		