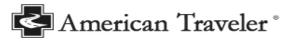
Dawn Prietz, RN



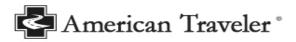
Page 1 of 5

Personal Info	ormation Applica	ation Created 12/8/2019 12:36:	30 PM	Application Updated 3/9/202	21 7:37:59 PM
Name Prietz		Da	wn		
Last		Fir	st		Middle Initial
Permanent Addre	ess 2985 Old US road		Marianna	FL	32446
	Street Address		City	State	Zip Code
Phone (850) 2	272 - 8171	Cell Phone		Best Time To Call	8 PM
Country USA		Email oldriverrun@	gmail.com		
Current Address	2985 Old US road		Marianna	FL	32446
	Street Address		City	State	Zip Code
Phone		Cell Phone (850) 272	- 8171	Best Time To Call	
Country USA		At this Location Until			
Employment	Status				
Employee Numb	ber				
Are you either a	U.S. citizen or can you submi	t verification of your legal right	t to work in the U	J.S.? Ves No	
-	-	gration status U.S. Citizen			
	ployed on a visa, please list th				
Date you can star					
Medical Exp	•				
Healthcare Profe	ession RN				
Specialty		Experience			
Labor & Deliv	ery	25 years			
Certification	s/Courses				
Certification / C	Course		Expiration Da	ate / Course Date	
NRP - Neonat	tal Resuscitation Progra	n	6/30)/2022	
	Ionitoring Certificate		3/15	5/2022	
BLS - Basic L	•			0/2021	
	- Sugar, Temperature, Air	way,BP,Lab Work,		0/2020	

EMR Experience

Allscripts CPSI

Dawn Prietz, RN



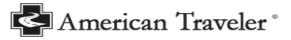
Page 2 of 5

Applicant	's Name Prietz			Dawn				
Educati	ion Last			First				Middle Initial
Institutio	on Name USF			Location TAI	MPA FLO	DRIDA		
Diplo	ma / Degree Bachelor of	Arts		Graduated?	🖌 Yes	No No	Completion Date	5/1/1975
Institutio	on Name JACKSON M	EMORIAL	HOSPITAL	Location MIA	AMI			
Diplo	ma / Degree A.D.N.			Graduated?	🗹 Yes	No No	Completion Date	3/15/1979
Institutio	on Name			Location				
Diplo	ma / Degree			Graduated?	Yes	No No	Completion Date	
Institutio	on Name			Location				
Diplo	ma / Degree			Graduated?	Yes	No No	Completion Date	
Professi	ional Licensure(s)							
What mor	nth and year did you pass you	r U.S. boards	/registration exams?		04/	1980		
What mor	nth and year did you pass you	r Canadian b	oards/registration exams	?				
NPI Num	ber:							
State Li	icensures							
License N	lumber	State	Expiration Date					
NURR5	0865	AK	11/30/2023					
RN1152	2892	FL	4/30/2022					
	o			1 12				
	professional license or certifi ase enter an explanation inclu			ended? Yes	No No			
	-							
-	ever been named as a defend ase enter an explanation inclu	-	-	☐Yes ☑No				
	ever been convicted of a crim			? 🗌 Yes 🛛	No			
-	nder the influence is not cons					on including	any dates and outcom	mes:
Do you ha	ave a professional license und	ler any other	name? Yes No	o If so, under	what name	?		
Emerge	ency Contact							
Name R	ick Prietz			Relation	iship Hu	sband		
Address				Apartme	ent			
City		Stat	e	Zip				
Country	USA	Pho	ne (850) 573 - 504	1 Cell / Be	eeper			

Dawn Prietz, RN			merican Tr	aveler®
Page 3 of 5			incircan in	aveler
Applicant's Name Prietz	Dav	wn		
Last	Firs			Middle Initial
Please list all employment for the past ten	years. Document reas	ons for periods of	f unemployment.	
Facility JACKSON HOSPITAL			Date History Updated	12/23/2019 11:25 AM
Address	MARIANNA	 FL	USA	32446
Street Address	City	State	Country	Zip Code
Teaching Facility?YesNoFacility NumTrauma Center?YesNoTrauma Center	nber Of Beds 100-199 er Level	Charge Experienc Pediatric Trauma C	e? □ Yes ☑ No Center Level	
Dates Employed: From 08/01/2006	To Present	Salary	Bonus:	;
Speciality Unit(s) Worked In L+D				
Unit Level: No. Of Unit Beds	6-10 Average Pa	tient Case Load1	:2 Shift Worked	7a to 7p
Position/Title RN				
Agency (If Applicable) N/A				
Reason For Leaving STILL WORKING				
Facility Supervisor's Name and Title M.SELLERS	/ CHARGE NU	JRSE Phone	(850) 718 - 2660	Ext.
Was this a travel assignment? Yes Vo Are	e you currently employed?	Yes No	May we contact this emp	loyer? Yes No
Type of Experience Medical	Work Status	Full-time		
Facility ALASKA REGIONAL HOSPITAL			Date History Updated	12/21/2019 7:28 PM
Address	ANCHORAGE	AK	USA	99508
Street Address	City	State	Country	Zip Code
Teaching Facility?YesNoFacility NumTrauma Center?YesNoTrauma Center	nber Of Beds 200-299 er Level	Charge Experienc Pediatric Trauma C		
Dates Employed: From 04/01/2006	то 07/15/2006	Salary	Bonus:	
Speciality Unit(s) Worked In L+D				
Unit Level: No. Of Unit Beds	5 11-20 Average Pa	tient Case Load	:2 Shift Worked	7a to 7p
Position/Title RN				
Agency (If Applicable) AMERICAN NURSES AN	NCHORAGE ALASKA			
Reason For Leaving RETURN HOME				
Facility Supervisor's Name and Title UNKNOWN	/ CHARGE NU	JRSE Phone	(907) 276 - 1131	Ext.
Was this a travel assignment? Yes No Are	e you currently employed?	∐Yes ∑ No	May we contact this emp	loyer? Yes No
Type of Experience Medical	Work Status	Full-time		

Dawn Prietz, RN

Dawn	Prietz,	RN
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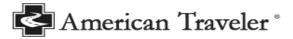


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Page 4 of 5				
Applicant's Name Prietz	Daw	n		
Last	First	e • 1 e		Middle Initial
Please list all employment for th	e past ten years. Document reaso	ns for periods of	unemployment.	
Facility WASHOE COUNTY HOS	PITAL		Date History Updated	12/23/2019 11:26 AM
Address	RENO	NV	USA	89502
Street Address	City	State	Country	Zip Code
Teaching Facility? Yes No Trauma Center? Yes No	Facility Number Of Beds 500-699 Trauma Center Level	Charge Experience Pediatric Trauma Co	? Yes No enter Level	
Dates Employed: From 12/01/2	005 To 03/15/2006	Salary	Bonus:	
Speciality Unit(s) Worked In L+D				
Unit Level: No	Of Unit Beds 20-30 Average Pati	ent Case Load	2 Shift Worked 7	a to 7p
Position/Title RN				
Agency (If Applicable) CROSS COL	NTRY?			
Reason For Leaving NEXT ASSIGN	MENT			
Facility Supervisor's Name and Title UN	KNOWN / CHARGE NU	RSE Phone (775) 982 - 4100	Ext.
Was this a travel assignment? Yes	No Are you currently employed?	Yes No N	lay we contact this employ	ver? Yes Vo
Type of Experience Medical	Work Status	Full-time		
Facility ST. JOSEPH HOSPITAL			Date History Updated	12/23/2019 11:26 AM
Address	EUREKA	CA	USA	95501
Street Address	City	State	Country	Zip Code
Teaching Facility?YesNoTrauma Center?YesNo	Facility Number Of Beds 100-199 Trauma Center Level	Charge Experience Pediatric Trauma Co	? Yes No enter Level	
Dates Employed: From 06/01/2	005 To 09/15/2005	Salary	Bonus:	
Speciality Unit(s) Worked In L+D				
Unit Level: No.	Of Unit Beds 6-10 Average Pati	ent Case Load 1	2 Shift Worked 7	a to 7p
Position/Title RN				
Agency (If Applicable) CROSS COL	NTRY?			
Reason For Leaving NEXT ASSIGN	MENT			
Facility Supervisor's Name and Title	KNOWN / CHARGE NU	RSE Phone (707) 445 - 8121	Ext.
Was this a travel assignment?	No Are you currently employed?	Yes No N	lay we contact this employ	ver? Yes Vo
Type of Experience Medical	Work Status	Full-time		



Page 5 of 5



Applicant's Name			Daw			
Please list all e	Last employment for t	he past ten years. Doc	First		of unemployment.	Middle Initial
Facility FRESM	NO COMMUNITY	HOSPITAL			Date History Updated	12/23/2019 11:25 AM
Address		FRE	SNO	CA	USA	
Stree	et Address	(City	State	Country	Zip Code
Teaching Facility?	Yes No	Facility Number Of Beds	300-399	Charge Experier	nce? 🔲 Yes 🔽 No	
Trauma Center?	Yes No	Trauma Center Level		Pediatric Trauma	Center Level	
Dates Employed: I	From 11/01/	′2004 To 0	5/15/2005	Salary	Bonus:	
Speciality Unit(s)	Worked In L+D					
Unit Level:	N	D. Of Unit Beds 20-30	Average Pat	ient Case Load	1:2 Shift Worked 7a	a to 7p
Position/Title R	N					
Agency (If Applic	able) NOVA PRO					
Reason For Leavir	ng <u>NEXT TRAVE</u>	L ASSIGNMENT				
Facility Superviso	or's Name and Title \underline{U}	NKNOWN / C	CHARGE NU	RSE Phone	<u>(559) 459 - 6000</u> H	Ext
Was this a travel a	ssignment? V es	No Are you currently	y employed?	Yes V No	May we contact this employe	er? 🗌 Yes 🔽 No
Type of Experience	e Medical		Work Status	Full-time		
Lattest that I am th	he applicant and the in	formation provided in this app	lication is compl	ete and accurate to	the best of my knowledge Pro	oviding incomplete or

inaccurate information may result in disqualification from employment and may be a violation of state law(s) that could result in civil penalties. I consent to receiving information and communications at all phone numbers and email addresses that I provide and agree that I may be contacted by phone call, text message, or email message. American Traveler Staffing Professionals and its affiliates, including 50 States Staffing and Travel Force Staffing, is authorized to obtain information from my current and previous employers and to release information in support of my application (e.g. application, references, background search results, etc.) to its client institutions. American Traveler Staffing Professionals and its affiliates may also share information regarding my employment with its affiliates and appropriate governmental or licensing entities. I understand that American Traveler Staffing Professionals and its affiliates, certain states and/or client institutions may require criminal background checks and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided, and will return, separate disclosure and acknowledgement forms as required by American Traveler Staffing Professionals and its affiliates. I further give American Traveler Staffing Professionals and its affiliates authorization to verify the information I have provided and to conduct reference checks through contact with past employers. I release all persons providing such information from any liability for providing information in response to such checks.

Any controversy or claim arising out of or relating to my application, these terms and conditions, or any aspect of the relationship between us, whether based in contract, tort, statute, fraud, misrepresentation or any other legal theory, shall be settled by arbitration administered by the American Arbitration Association ("AAA") in accordance with its rules and judgment on the award may be rendered by the arbitrator may be entered in any court having jurisdiction thereof. Any arbitration under this provision will take place on an individual basis; class arbitrations and class actions are not permitted.

Claims shall be heard by a single arbitrator. The place of arbitration shall be Palm Beach County, Florida. The arbitration shall be governed by the laws of the State of Florida. Hearings will take place pursuant to the Employment Arbitration Rules of the AAA. The arbitrator have no authority to award punitive damages and each party hereby waives any right to seek or recover punitive damages, except as may be required by statute. Each party shall bear its own costs and expenses and an equal share of the arbitrators' and administrative fees of arbitration. This arbitration requirement cannot be modified or revoked except by written document, signed by both parties, that references this arbitration requirement and specifically states an intent to modify or revoke this arbitration requirement. Should you become employed by American Staffing Traveler Staffing Professionals and/ or its affiliates, you will be asked to sign a Mutual Agreement to Arbitrate Employment Related Disputes as a condition of your employment.

Select 'Yes' if you agree to be bound by the above terms and conditions: Yes

Signature: Dawn Prietz Dawn Prietz 3/9/2021

Date

3/9/2021

Email: oldriverrun@gmail.com



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LABOR AND DELIVERY Skills Checklist	
Experience Level	Last Updated 3/9/2021 7:37:59 PM
1 = No Experience - Theory / Observed Only 2 = Limited Experience - Have Done / May Need Review	3 = Experienced - Does Frequently / Competent 4 = Proficient
	Level
GENERAL SKILLS	
Adult Cardiac Arrest / ACLS)	1 2 3 4
Assist with Sterile Speculum Exam (Effacement / Dilation / S Presentation)	
Cardiac Monitoring	1 2 3 4
Care of the Patient in Isolation	1 2 3 4
Care of the Patient in Restraints	1 2 3 4
Coaching Needs (Physical / Emotional / Comfort)	1 2 3 4
End of Life Care	1 2 3 4
Infant / Neonatal Arrest / NRP	1 2 3 4
Interpretation of ABGs	1 2 3 4
Knowledge & Communication of Lab Values	1 2 3 4
Lift / Transfer Devices	1 2 3 4
National Patient Safety Goals	1 2 3 4
Patient / Family Teaching	1 2 3 4
Performs Sterile Speculum Exam Independently	1 2 3 4
Preparations & Administration of Emergency Drugs	1 2 3 4
Pulse Oximetry	1 2 3 4
Universal Precautions	1 2 3 4
Use of Doppler	1 2 3 4
Ventilator Management	1 2 3 4

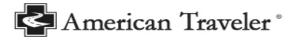
PATIENT CARE WITH PRE-EXISTING PROBL	EMS
Cardiac Disease	1 2 3 4
Diabetes Mellitus	1 2 3 4
Drug Addiction / Withdrawal	1 2 3 4
HIV	1 2 3 4
Infectious Diseases	1234
Neurological Diseases	1 2 3 4
Prior Tubal Ligation	1234
RH Incompatibilities	1 2 3 4
Seizure Disorder	1 2 3 4
Sickle Cell Disease	1 2 3 4



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LABOR AND DELIVERY Skills Checklist	
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	Level
ANTEPARTUM	
Assist with Amniocentesis	1 2 3 4
Breech Birth	1234
Cardiac Disease	1 2 3 4
Delivery Table Set Up	1234
Fetal Demise	1234
Multiple Gestation	1 2 3 4
Non Stress Tests	1 2 3 4
Oxytocin Challenge Tests (OCT)	1 2 3 4
Placenta Previa / Abruptio	1 2 3 4
Pre-Eclampsia / Eclampsia	1 2 3 4
Pregnancy Induced Hypertension	1 2 3 4
Preterm Labor	1 2 3 4
Reflex Checks / Edema / Clonus	1 2 3 4
Sonogram:	
Amniotic Fluid Index	1 2 3 4
Assist with Sonogram	1 2 3 4
Biophysical Profile	1 2 3 4
Perform Sonogram	1 2 3 4
Trauma	1 2 3 4
Triage of Obstetrical Patients	1 2 3 4
Uterine Rupture	1 2 3 4
VBAC Management / Trial of Labor	1 2 3 4
Version	1 2 3 4

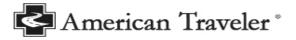
LABOR ASSESSMENT	
Delivery Assist:	
C - Section (Scrub)	1 2 3 4
C - Section (Circulate)	1 2 3 4
Emergency	1 2 3 4
High Risk	1 2 3 4
Vaginal	1 2 3 4
Forceps / Vacuum Extraction	1 2 3 4
Hemorrhage / Shock	1 2 3 4
Shoulder Dislocation	1 2 3 4
Fetal Assessment:	
Assess Fetal Status	1 2 3 4
Auscultate Fetal Heart Rate	1 2 3 4
Determine Fetal Position	1 2 3 4



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LABOR AND DELIVERY Skills Checklist	
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	Level
LABOR ASSESSMENT, con't.	
FHR Pattern Recognition / Interventions:	
Early Decelerations	1234
Late Decelerations	1234
Prolonged Decelerations	1234
Variable Decelerations	1234
Maternal Assessment:	
Maternal Status	1234
Norms for Perinatal Vital Signs	1234
Perform Admission Risk Assessment	1234
Presence of Clonus	1234
Progression of Labor (Assess & Document)	1234
Rupture of Membranes	1234
Equipment and Procedures:	
Amnioinfusion	1234
Assist with AROM Procedure	1 2 3 4
Assist with Fetal Scalp Blood Sampling	1 2 3 4
Assist with FSE	1 2 3 4
Assist with IUPC Placement and Calibration	1234
Central Monitoring Systems	1 2 3 4
Collect Blood / Urine Specimens	1 2 3 4
Collect Vaginal Cultures	1 2 3 4
Epidural	1 2 3 4
External Fetal Monitor (EFM)	1234
Internal Fetal Monitor (FSE)	1 2 3 4
Toxicology Studies	1 2 3 4
Use of Doptone / Fetoscope	1234

IMMEDIATE CARE OF BABY IN DELIVERY ROOM	
Newborn Assessment / Apgar Scoring	1 2 3 4
Weight / Length / Circumference	1 2 3 4
Equipment and Procedures:	
Assist with Circumcision	1 2 3 4
Assist with Initial Breast Feeding	1 2 3 4
Bath - Perform and Instruct	1 2 3 4
Collect Cord Samples	1 2 3 4
Cord Care	1 2 3 4
Discharge Procedure Instruction	1234
Eye Prophylaxis	1234



Last Updated 3/9/2021 7:37:59 PM

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LABOR AND DELIVERY Skills Checklist Experience Level

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4 = Proficient

	Level	
IMMEDIATE CARE OF BABY IN DELIVERY ROOM, con't.		
Heelsticks	1234	
Incubator / Isolettes	1 2 3 4	
Meconium Management	1 2 3 4	
Monitor Bladder and Bowel Patterns	1 2 3 4	
Promote Bonding Behaviors	1 2 3 4	
Radiant Warmer / Thermoregulation	1 2 3 4	
Security and ID Banding	1 2 3 4	
Suctioning	1 2 3 4	

POST PARTUM INTERVENTIONS	
Bladder Assessment	1 2 3 4
Breast Feeding	1 2 3 4
Couplet Care	1 2 3 4
Episiotomy / Incision Care	1 2 3 4
Fundus / Lochia / Perineum Care	1 2 3 4
Post - Op C - Section	1234

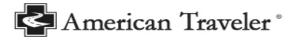
NEWBORN CARE - GENERAL SKILLS	
Airway / Temperature Control:	
ECMO	1 2 3 4
IMV	1 2 3 4
Jet Vents	1 2 3 4
Oxyhood	1 2 3 4
Apnea Monitoring	1 2 3 4
Assist with Insertion & Maintenance of:	
Arterial Lines	1 2 3 4
Swanz Ganz	1 2 3 4
UAC	1 2 3 4
UVC	1234
Obtain Specimens from UAC / UVC	1234
Assist with Lumbar Puncture	1234
Cord and Circumcision Care	1234
Full Body Assessment	1 2 3 4
Glascow Coma Scale	1 2 3 4
Phototherapy	1 2 3 4
PIP	1 2 3 4
Radiant Warmers	1234



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LABOR AND DELIVERY Skills Checklist	
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	Level
CARE OF INFANT WITH	
Bowel Obstruction	1234
Broncho - Pulmonary Dysplasia	1 2 3 4
CHF	1234
Cystic Fibrosis	1 2 3 4
Diabetes Mellitus	1234
Drug Addiction / Withdrawal	1234
Endotracheal Tube Care & Suctioning	1234
HIV	1234
Intracranial Hemorrhage	1 2 3 4
Low Birth Weight	1 2 3 4
Meconium Aspiration	1 2 3 4
NEC	1 2 3 4
Neuromuscular Disease	1 2 3 4
PDA Ligation	1 2 3 4
Pneumonia	1234
Pulmonary Edema	1234
RDS	1234
Seizure Activity	1 2 3 4
Sickle Cell Disease	1234
Spina Bifida	1 2 3 4
Systemic Infection	1234
Tetralogy of Fallot	1 2 3 4
Tracheoesophageal Fistula	1 2 3 4
Tracheostomy Care & Suctioning	1234
Transposition of Great Vessels	1234

PAIN MANAGEMENT / ANESTHESIA / MEDICATIONS		
Anesthesia Toxicity	1 2 3 4	
Assessment of Response & Management of Pain	1 2 3 4	
Epidural Anesthesia / Analgesia	1 2 3 4	
Epidural Block	1 2 3 4	
IV Conscious Sedation	1 2 3 4	
Insulin Drips	1 2 3 4	
Intrathecal Narcotics	1 2 3 4	
Magnesium Sulfate Therapy	1 2 3 4	
Narcotics	1234	



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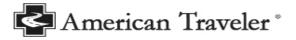
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Level

PAIN MANAGEMENT / ANESTHESIA / MEDICATIONS, con't.		
Oxytocin	1 2 3 4	
Pain Level / Tolerance	1234	
Patient Controlled Analgesia (PCA Pump)	1 2 3 4	
Ritodrine	1 2 3 4	
Spinal Anesthesia	1 2 3 4	
Use and Administration of Anesthesia	1 2 3 4	

PHLEBOTOMY / IV THERAPY	
Administration of Blood / Blood Products	1 2 3 4
Central Line / Catheter / Dressing	1 2 3 4
Drawing Blood from Central Line	1234
Drawing Venous Blood	1 2 3 4
Starting IVs:	
Angiocath	1 2 3 4
Butterfly	1234
Heparin Lock	1 2 3 4
Scalp Veins	1 2 3 4
Use of Infusion Pumps / Drips / IV Monitoring	1234

EXPERIENCE	
Community Hospital	1 2 3 4
Neonatal Level II Experience	1 2 3 4
Neonatal Level III Experience	1 2 3 4
Newborn Nursery	1 2 3 4
Rural Hospital	1234
Teaching Hospital	1234
Children's Hospital	1 2 3 4
Pediatrics	1 2 3 4
Trauma Center	1 2 3 4



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LABOR AND DELIVERY Skills Checklist

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2 = Limited Experience - Have Done / May Need Review

Level

LEGEND KEY FOR AGE SPECIFIC CRITERIA

[A] = Newborn (Birth to 30 days)

[B] = Infant (30 days to 1 year)

[C] = Toddler (1 to 3 years)

[D] = Young Children (3 to 6 years)

[E] = Older Children (7 to 12 years)

[F] = Adolescents (13 to 20 years)

[G] = Young Adults (21 to 39 years)

[H] = Middle Adults (40 to 60 years)

[I] = Older Adults (61+ years)

AGE SPECIFIC CRITERIA		
Able to adapt care to incorporate normal growth and development	ABCDEFGHI	
Able to adapt method and terminology of patient instructions to their age		
comprehension and maturity level ABCDEFGHI		
Can ensure a safe environment reflecting specific needs of various age groups	ABCDEFGHI	

CERTIFICATIONS / COURSES / SKILLS	
AWHONN Intermediate	YN
AWHONN Advanced	YN
BLS	YN
ACLS	YN
NCC	YN
NRP	YN
PALS	YN
RNC	YN
Arrhythmia Course	YN
Computerized Charting	YN
Fetal Monitoring - Basic	YN
Fetal Monitoring - Intermediate	YN
Fetal Monitoring - Advanced	YN
IV Certification	YN
Medication Administration System	YN
S.T.A.B.L.E.	YN



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LABOR AND DELIVERY Skills Checklist		
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1 = No Experience - Theory / Observed Only 2 = Limited Experience - Have Done / May Need Review	3 = Experienced - Does Frequently / Competen 4 = Proficient	t
	Level	
Print Name Dawn Prietz	Date	3/9/2021

I verify that the representation of my skills and associated proficiency levels in this document is a true and accurate reflection of my abilities based on my work experience over the prior 24 months.

Signature	Dawn Prietz
	Dawn Prietz 3/9/2021
Email:	oldriverrun@gmail.com