

Page 1 of 5

Personal Information

Application Created 12/8/2019 12:36:30 PM

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

Name	<u>Prietz</u>	<u>Dawn</u>	
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Permanent Address	<u>2985 Old US road</u>	<u>Marianna</u>	<u>FL 32446</u>
	<i>Street Address</i>	<i>City</i>	<i>State Zip Code</i>
Phone	<u>(850) 272 - 8171</u>	Cell Phone _____	Best Time To Call <u>8 PM</u>
Country	<u>USA</u>	Email	<u>oldriverrun@gmail.com</u>
Current Address	<u>2985 Old US road</u>	<u>Marianna</u>	<u>FL 32446</u>
	<i>Street Address</i>	<i>City</i>	<i>State Zip Code</i>
Phone	_____	Cell Phone <u>(850) 272 - 8171</u>	Best Time To Call _____
Country	<u>USA</u>	At this Location Until	_____

Employment Status

Employee Number _____

Are you either a U.S. citizen or can you submit verification of your legal right to work in the U.S.? Yes No

If not a U.S. citizen, please indicate your immigration status U.S. Citizen

If you will be employed on a visa, please list the type of work visa. _____

Date you can start working 6/1/2021

Medical Experience

Healthcare Profession RN

Specialty	Experience
Labor & Delivery	25 years

Certifications/Courses

Certification / Course	Expiration Date / Course Date
NRP - Neonatal Resuscitation Program	6/30/2022
FMC - Fetal Monitoring Certificate	3/15/2022
BLS - Basic Life Support	8/30/2021
S.T.A.B.L.E. - Sugar, Temperature, Airway, BP, Lab Work,	9/30/2020

EMR Experience

Allscripts

CPSI

Applicant's Name Prietz Dawn

Education *Last* *First* *Middle Initial*

Institution Name	<u>USF</u>	Location	<u>TAMPA FLORIDA</u>
Diploma / Degree	<u>Bachelor of Arts</u>	Graduated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Completion Date <u>5/1/1975</u>
Institution Name	<u>JACKSON MEMORIAL HOSPITAL</u>	Location	<u>MIAMI</u>
Diploma / Degree	<u>A.D.N.</u>	Graduated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Completion Date <u>3/15/1979</u>
Institution Name	_____	Location	_____
Diploma / Degree	_____	Graduated?	<input type="checkbox"/> Yes <input type="checkbox"/> No Completion Date _____
Institution Name	_____	Location	_____
Diploma / Degree	_____	Graduated?	<input type="checkbox"/> Yes <input type="checkbox"/> No Completion Date _____

Professional Licensure(s)

What month and year did you pass your U.S. boards/registration exams? 04/1980

What month and year did you pass your Canadian boards/registration exams? _____

NPI Number: _____

State Licensures

License Number	State	Expiration Date
NURR50865	AK	11/30/2023
RN1152892	FL	4/30/2022

Has your professional license or certification ever been investigated or suspended? Yes No

If yes, please enter an explanation including any dates and outcomes:

Have you ever been named as a defendant in a professional liability action? Yes No

If yes, please enter an explanation including any dates and outcomes:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Driving under the influence is not considered a minor traffic violation. If yes, please enter an explanation including any dates and outcomes:

Do you have a professional license under any other name? Yes No If so, under what name? _____

Emergency Contact

Name Rick Prietz Relationship Husband

Address _____ Apartment _____

City _____ State _____ Zip _____

Country USA Phone (850) 573 - 5041 Cell / Beeper _____

Page 3 of 5

Applicant's Name Prietz Dawn
Last First Middle Initial

Please list all employment for the past ten years. Document reasons for periods of 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? Yes No Facility Number Of Beds 100-199 Charge Experience? Yes No
 Trauma Center? Yes No Trauma Center Level _____ Pediatric Trauma 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 Patient Case Load 1:2 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 NURSE Phone (850) 718 - 2660 Ext. _____

Was this a travel assignment? Yes No Are you currently employed? Yes No May we contact this employer? 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? Yes No Facility Number Of Beds 200-299 Charge Experience? Yes No
 Trauma Center? Yes No Trauma Center Level _____ Pediatric Trauma Center Level _____

Dates Employed: From 04/01/2006 To 07/15/2006 Salary _____ Bonus: _____

Speciality Unit(s) Worked In L+D

Unit Level: _____ No. Of Unit Beds 11-20 Average Patient Case Load 1:2 Shift Worked 7a to 7p

Position/Title RN

Agency (If Applicable) AMERICAN NURSES ANCHORAGE ALASKA

Reason For Leaving RETURN HOME

Facility Supervisor's Name and Title UNKNOWN / CHARGE NURSE Phone (907) 276 - 1131 Ext. _____

Was this a travel assignment? Yes No Are you currently employed? Yes No May we contact this employer? Yes No

Type of Experience Medical Work Status Full-time

Page 4 of 5

Applicant's Name Prietz Dawn Last First Middle Initial

Please list all employment for the past ten years. Document reasons for periods of unemployment.

Facility WASHOE COUNTY HOSPITAL Date History Updated 12/23/2019 11:26 AM
Address RENO NV USA 89502
Teaching Facility? [] Yes [] No Facility Number Of Beds 500-699 Charge Experience? [] Yes [x] No
Trauma Center? [] Yes [] No Trauma Center Level Pediatric Trauma Center Level
Dates Employed: From 12/01/2005 To 03/15/2006 Salary Bonus:
Speciality Unit(s) Worked In L+D
Unit Level: No. Of Unit Beds 20-30 Average Patient Case Load 1:2 Shift Worked 7a to 7p
Position/Title RN
Agency (If Applicable) CROSS COUNTRY?
Reason For Leaving NEXT ASSIGNMENT
Facility Supervisor's Name and Title UNKNOWN / CHARGE NURSE Phone (775) 982 - 4100 Ext.
Was this a travel assignment? [x] Yes [] No Are you currently employed? [] Yes [x] No May we contact this employer? [] Yes [x] No
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
Teaching Facility? [] Yes [] No Facility Number Of Beds 100-199 Charge Experience? [] Yes [x] No
Trauma Center? [] Yes [] No Trauma Center Level Pediatric Trauma Center Level
Dates Employed: From 06/01/2005 To 09/15/2005 Salary Bonus:
Speciality Unit(s) Worked In L+D
Unit Level: No. Of Unit Beds 6-10 Average Patient Case Load 1:2 Shift Worked 7a to 7p
Position/Title RN
Agency (If Applicable) CROSS COUNTRY?
Reason For Leaving NEXT ASSIGNMENT
Facility Supervisor's Name and Title UNKNOWN / CHARGE NURSE Phone (707) 445 - 8121 Ext.
Was this a travel assignment? [x] Yes [] No Are you currently employed? [] Yes [x] No May we contact this employer? [] Yes [x] No
Type of Experience Medical Work Status Full-time

Page 5 of 5

Applicant's Name Prietz Dawn
Last First Middle Initial

Please list all employment for the past ten years. Document reasons for periods of unemployment.

Facility FRESNO COMMUNITY HOSPITAL Date History Updated 12/23/2019 11:25 AM
 Address FRESNO CA USA
Street Address City State Country Zip Code
 Teaching Facility? Yes No Facility Number Of Beds 300-399 Charge Experience? Yes No
 Trauma Center? Yes No Trauma Center Level _____ Pediatric Trauma Center Level _____
 Dates Employed: From 11/01/2004 To 05/15/2005 Salary _____ Bonus: _____
 Speciality Unit(s) Worked In L+D
 Unit Level: _____ No. Of Unit Beds 20-30 Average Patient Case Load 1:2 Shift Worked 7a to 7p
 Position/Title RN
 Agency (If Applicable) NOVA PRO
 Reason For Leaving NEXT TRAVEL ASSIGNMENT
 Facility Supervisor's Name and Title UNKNOWN / CHARGE NURSE Phone (559) 459 - 6000 Ext. _____
 Was this a travel assignment? Yes No Are you currently employed? Yes No May we contact this employer? Yes No
 Type of Experience Medical Work Status Full-time

I attest that I am the applicant and the information provided in this application is complete and accurate, to the best of my knowledge. Providing 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 Date 3/9/2021
Dawn Prietz 3/9/2021

Email: oldriverrun@gmail.com

LABOR AND DELIVERY Skills Checklist

Experience Level Last Updated 3/9/2021 7:37:59 PM
 1 = No Experience - Theory / Observed Only 3 = Experienced - Does Frequently / Competent
 2 = Limited Experience - Have Done / May Need Review 4 = Proficient

	Level			
ANTEPARTUM				
Assist with Amniocentesis	1	2	3	4
Breech Birth	1	2	3	4
Cardiac Disease	1	2	3	4
Delivery Table Set Up	1	2	3	4
Fetal Demise	1	2	3	4
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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Level

LABOR ASSESSMENT, con't.
FHR Pattern Recognition / Interventions:

Early Decelerations	1	2	3	4
Late Decelerations	1	2	3	4
Prolonged Decelerations	1	2	3	4
Variable Decelerations	1	2	3	4

Maternal Assessment:

Maternal Status	1	2	3	4
Norms for Perinatal Vital Signs	1	2	3	4
Perform Admission Risk Assessment	1	2	3	4
Presence of Clonus	1	2	3	4
Progression of Labor (Assess & Document)	1	2	3	4
Rupture of Membranes	1	2	3	4

Equipment and Procedures:

Amnioinfusion	1	2	3	4
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	1	2	3	4
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)	1	2	3	4
Internal Fetal Monitor (FSE)	1	2	3	4
Toxicology Studies	1	2	3	4
Use of Doptone / Fetoscope	1	2	3	4

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	1	2	3	4
Eye Prophylaxis	1	2	3	4

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	Level
CARE OF INFANT WITH	
Bowel Obstruction	1 2 3 4
Broncho - Pulmonary Dysplasia	1 2 3 4
CHF	1 2 3 4
Cystic Fibrosis	1 2 3 4
Diabetes Mellitus	1 2 3 4
Drug Addiction / Withdrawal	1 2 3 4
Endotracheal Tube Care & Suctioning	1 2 3 4
HIV	1 2 3 4
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	1 2 3 4
Pulmonary Edema	1 2 3 4
RDS	1 2 3 4
Seizure Activity	1 2 3 4
Sickle Cell Disease	1 2 3 4
Spina Bifida	1 2 3 4
Systemic Infection	1 2 3 4
Tetralogy of Fallot	1 2 3 4
Tracheoesophageal Fistula	1 2 3 4
Tracheostomy Care & Suctioning	1 2 3 4
Transposition of Great Vessels	1 2 3 4

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	1 2 3 4

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Level

PAIN MANAGEMENT / ANESTHESIA / MEDICATIONS, con't.

Oxytocin	1	2	3	4
Pain Level / Tolerance	1	2	3	4
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	1	2	3	4
Drawing Venous Blood	1	2	3	4
Starting IVs:				
Angiocath	1	2	3	4
Butterfly	1	2	3	4
Heparin Lock	1	2	3	4
Scalp Veins	1	2	3	4
Use of Infusion Pumps / Drips / IV Monitoring	1	2	3	4

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	1	2	3	4
Teaching Hospital	1	2	3	4
Children's Hospital	1	2	3	4
Pediatrics	1	2	3	4
Trauma Center	1	2	3	4

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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	A B C D E F G H I
Able to adapt method and terminology of patient instructions to their age comprehension and maturity level	A B C D E F G H I
Can ensure a safe environment reflecting specific needs of various age groups	A B C D E F G H I

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

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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