



**First and Last Name:**

**Date:**

**Position:** Registered Nurse IV – ICU COVID Nights – San Antonio, TX

**Please fill out the following questionnaire and submit with your resume:**

1. Please list your degree, with location and year of completion. If you are currently enrolled, please list anticipated graduation date.
2. Do you have a Registered Nurse license to practice in the State of Texas?
3. Do you have a BLS Certification? If so, please list expiration date.
4. How many years of clinical RN experience do you have?
5. How many years of ICU experience do you have?