



First and Last Name:

Date:

Position: Registered Nurse – Neuro Trauma ICU – Asheville, NC

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

1. Do you have a current or pending license in the state of North Carolina?
2. How many years of ICU Nursing Experience do you have?
3. Please list your BSN Degree and date of graduation. If you are currently enrolled, please list your anticipated date of graduation.
4. Do you have a BLS certification? If so, please list the date of expiration.
5. Do you have any additional certifications you would like to include for evaluation?