

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

	Date	Social Security Number	Last
Name	Last	First	Middle
Present Address	Street	City	State Zip
Permanent Address	Street	City	State Zip
Phone No.			
Referred By	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired	First
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Middle
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	Middle

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

	Name	Address	Position	Years Acquainted
1				
2				
3				

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature

Employee Reference Form

NURSEPRO
Crozier Mills Enterprise Center
601 Upland Ave., Ste 223
Upland, PA 19015

I hereby consent for the below named individual to release information to NursePro, on my behalf, regarding my past or present employment.

Signature: _____ Date: _____

Print Name: _____

Reference From: _____ Title: _____

Phone # : _____

Organization: _____

Position Title: _____ Date: _____

Responsibilities: _____

Technical Skills: _____

Performance: _____

Strengths: _____

Weaknesses: _____

Relationships with other Department: _____

Directions of Others: _____

Why did he/she leave employment: _____

Describe his/her personality: _____

Job Knowledge: _____

Please Rate Communication skills from 1 low to 10 high: _____

Please rate technical skills from 1 low to 10 high: _____

Please rate attendance from low 1 to 10 high: _____

Would you rehire this employee: YES: _____ NO: _____

Signature: _____ Title: _____

Telephone: _____

Fax: _____

Mail: _____

Employee Reference Form

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601 Upland Ave., Ste 223
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I hereby consent for the below named individual to release information to NursePro, on my behalf, regarding my past or present employment.

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Reference From: _____ **Title:** _____

Phone # : _____

Organization: _____

Position Title: _____ **Date:** _____

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Technical Skills: _____

Performance: _____

Strengths: _____

Weaknesses: _____

Relationships with other Department: _____

Directions of Others: _____

Why did he/she leave employment: _____

Describe his/her personality: _____

Job Knowledge: _____

Please Rate Communication skills from 1 low to 10 high: _____

Please rate technical skills from 1 low to 10 high: _____

Please rate attendance from low 1 to 10 high: _____

Would you rehire this employee: YES: _____ NO: _____

Signature: _____ Title: _____

Telephone: _____

Fax: _____

Mail: _____

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } . . . **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):
 • If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) **H** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2006
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$10,300 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 7,550 \text{ if head of household} \\ \$ 5,150 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2006 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others		
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	
\$0 - \$42,000	\$0 - \$4,500	0	\$42,001 and over	32,001 - 38,000	6	\$0 - \$6,000	0	
	4,501 - 9,000	1		38,001 - 46,000	7		6,001 - 12,000	1
	9,001 - 18,000	2		46,001 - 55,000	8		12,001 - 19,000	2
	18,001 and over	3		55,001 - 60,000	9		19,001 - 26,000	3
				60,001 - 65,000	10		26,001 - 35,000	4
\$42,001 and over	\$0 - \$4,500	0	65,001 - 75,000	11	35,001 - 50,000	5		
			75,001 - 95,000	12	50,001 - 65,000	6		
			95,001 - 105,000	13	65,001 - 80,000	7		
			105,001 - 120,000	14	80,001 - 90,000	8		
			120,001 and over	15	90,001 - 120,000	9	120,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$500	\$0 - \$30,000	\$500
60,001 - 115,000	830	30,001 - 75,000	830
115,001 - 165,000	920	75,001 - 145,000	920
165,001 - 290,000	1,090	145,001 - 330,000	1,090
290,001 and over	1,160	330,001 and over	1,160

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

You are not required to provide the information requested on a form that is subject to

EMPLOYEE INFORMATION FORM

Employee Name: _____

Street Address: _____

City, State, and Zip: _____

Employee #: _____ Social Security #: _____

Status (Full/Part) _____ Date of Hire: _____

Title: _____

D.O.B.: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Car Phone: _____

Pager: _____ Voice Mail: _____

Emergency Contact:

Home Phone #: _____ Work Phone: _____

Fax: _____ Car Phone: _____

Auto Type: _____ Auto Tag: _____

State: _____ Reg Exp: _____ Auto Ins Exp: _____

DL Exp: _____ DL #: _____ DL #: _____

Professional
TYP LIC: _____ PA Lic #: _____ PA Lic # _____

PA Lic Exp: _____ NJ Lic #: _____ NJ Lic Exp: _____

DE Lic Exp: _____ DE Lic #: _____
CPR EXP: _____ Last PPD: _____ PE Due: _____

Name: _____

NursePro

Registered Nurse Competency/Skills Assessment Evaluation

SELF-ASSESSMENT				
<p><i>Directions: for each procedure listed, the new employee will answer the two questions indicated. Competence means "the ability to perform the procedures safely, correctly, effectively and legally."</i></p> <p><i>Key: 1 = theory, no practice 2 = < 1 year 3 = 1 to 2 years 4 = 2 or more years</i></p>				
Procedure	Have you ever done this before?		Are you competent performing?	Comments-Include ability to teach skill to others
I. Safety/Infection Control	Yes	No	1 2 3 4	
A. Hand Washing Procedures 1. Aseptic technique	Yes	No	1 2 3 4	
B. Standard Precautions	Yes	No	1 2 3 4	
C. Tb Precautions	Yes	No	1 2 3 4	
D. MRSA Precautions	Yes	No	1 2 3 4	
E. Electrical Safety	Yes	No	1 2 3 4	
F. Preventing falls	Yes	No	1 2 3 4	
G. Fire Safety	Yes	No	1 2 3 4	
H. Medication Safety	Yes	No	1 2 3 4	
I. Sharps Disposal	Yes	No	1 2 3 4	
II. Assessment				
A. ENT	Yes	No	1 2 3 4	
B. Neurological	Yes	No	1 2 3 4	
C. Cardiovascular	Yes	No	1 2 3 4	
Abn. heart sounds/murmurs	Yes	No	1 2 3 4	
Auscultation (rate, rhythm)	Yes	No	1 2 3 4	
Doppler	Yes	No	1 2 3 4	
D. Respiratory	Yes	No	1 2 3 4	
E. GI/Nutrition	Yes	No	1 2 3 4	
F. GU	Yes	No	1 2 3 4	
G. Integumentary	Yes	No	1 2 3 4	
H. Pain	Yes	No	1 2 3 4	
Epidural anesthesia/analgesia	Yes	No	1 2 3 4	
PCA	Yes	No	1 2 3 4	
I. Endocrine	Yes	No	1 2 3 4	
J. Vital Signs	Yes	No	1 2 3 4	
K. Height and Weight	Yes	No	1 2 3 4	
III. Cardiac Monitoring				
A. Lead Placement	Yes	No	1 2 3 4	
B. Telemetry-arrhythmia interpretation	Yes	No	1 2 3 4	
C. Set up and run a 12 lead EKG	Yes	No	1 2 3 4	
D. 12 lead EKG interpretation	Yes	No	1 2 3 4	
E. Holter monitoring	Yes	No	1 2 3 4	
IV. Hemodynamic Monitoring				
A. Pacemakers	Yes	No	1 2 3 4	
External	Yes	No	1 2 3 4	
Permanent	Yes	No	1 2 3 4	
Temporary	Yes	No	1 2 3 4	

Name: _____

NursePro**Registered Nurse Competency/Skills Assessment Evaluation**

Procedure	Have you ever done this before?		Are you competent performing?				Comments-Include ability to teach skill to others
Transthoric (epicardial)	Yes	No	1	2	3	4	
B. Cardiac Index	Yes	No	1	2	3	4	
C. Arterial lines	Yes	No	1	2	3	4	
D. PA/Swan-Ganz	Yes	No	1	2	3	4	
E. Intracranial pressure monitoring	Yes	No	1	2	3	4	
Bolt	Yes	No	1	2	3	4	
Ventriculostomy	Yes	No	1	2	3	4	
V. Venipuncture/labwork							
A. Peripheral venous draw	Yes	No	1	2	3	4	
B. Arterial blood draw	Yes	No	1	2	3	4	
C. Drawing from a central line	Yes	No	1	2	3	4	
D. Interpretation of arterial blood gases	Yes	No	1	2	3	4	
E. Interpretation of lab results	Yes	No	1	2	3	4	
F. Finger stick	Yes	No	1	2	3	4	
G. Blood Glucose Monitoring	Yes	No	1	2	3	4	
VI. IV Accesses							
A. Peripheral Insertion	Yes	No	1	2	3	4	
B. PICC care	Yes	No	1	2	3	4	
C. Midline Care	Yes	No	1	2	3	4	
D. Tunneled Catheters	Yes	No	1	2	3	4	
E. Port-a-Caths	Yes	No	1	2	3	4	
F. Nontunneled Catheters	Yes	No	1	2	3	4	
G. Care & Flushing	Yes	No	1	2	3	4	
H. Peripheral line dressing	Yes	No	1	2	3	4	
I. Central line dressing	Yes	No	1	2	3	4	
J. Other	Yes	No	1	2	3	4	
VII. Wound care/Maintenance							
A. Dry sterile dressing change	Yes	No	1	2	3	4	
B. Wet to Dry sterile dressing change	Yes	No	1	2	3	4	
C. Irrigation	Yes	No	1	2	3	4	
D. Obtain wound culture	Yes	No	1	2	3	4	
E. Wound Care Products	Yes	No	1	2	3	4	
F. Pressure sores	Yes	No	1	2	3	4	
G. Staged decubitus ulcers	Yes	No	1	2	3	4	
H. Surgical wounds with drain(s)	Yes	No	1	2	3	4	
I. Use of low air loss beds	Yes	No	1	2	3	4	
J. Ace Wraps & pressure drsgs	Yes	No	1	2	3	4	
K. Routine Skin Care	Yes	No	1	2	3	4	
VIII. Other Procedures							
A. Male Catheterization	Yes	No	1	2	3	4	
B. Female Catheterization	Yes	No	1	2	3	4	
C. GU irrigation	Yes	No	1	2	3	4	
D. NG tube insertion	Yes	No	1	2	3	4	
E. NG tube irrigation	Yes	No	1	2	3	4	