

**DEPARTMENT OF HEALTH AND FAMILY SERVICES
SUPPLEMENTAL APPLICATION INFORMATION**

**Nursing Consultant 1 (Registered Nurse)
Job Announcement Code: 04-01358**

Name: _____ Social Security # _____ - _____ - _____

Wisconsin R.N. Registration Number: _____

E-mail address: _____

Place an "X" in the area(s) of nursing listed below where you believe yourself to be competent.
(Please "X" all that apply).

"X" Indicates Competency	Code	Area of Nursing
	02	Long Term Care (Nursing Home)
	03	Inpatient Services (Hospital)
	04	Medical/Surgical-Institution/Inpatient
	05	Medical/Surgical – Community/Outpatient
	06	Gerontology – Institution/Inpatient
	07	Gerontology – Community/Outpatient
	08	Psychiatry/Mental Health – Institution/Inpatient
	09	Psychiatry/Mental Health – Community/Outpatient
	10	Home Health – Adult
	11	Home Health – Pediatric
	12	Public Health
	13	Maternal and Child Health (including OB/GYN)
	14	Pediatrics – Institution/Inpatient
	15	Pediatrics – Community/Outpatient
	16	Quality Improvement/Utilization Management – Institution/Inpatient
	17	Quality Improvement/Utilization Management – HMO
	18	Functional Rehabilitation – Institution/Inpatient
	19	Functional Rehabilitation – Community/Outpatient
	20	Development Disabilities – Adult
	21	Development Disabilities – Pediatric
	22	Qualified Mental Retardation Professional (QMRP) or eligible to be QMRP (requires one year experience working with the developmentally disabled in an active treatment program)
	23	Ambulatory Surgical Center
	24	End Stage Renal Dialysis
	25	Geropsychiatry - Institution/Inpatient
	26	Geropsychiatry - Day Treatment
	27	Hospice - Institution/Inpatient
	28	Hospice – Home
	29	Joint Commission on Accreditation of Healthcare Organizations(JCAHO) standards

Signature: _____

Date: _____