

Flight Nurse/ Educator Application Packet



This application is for the position of <u>Flight Nurse/ Educator</u>. Island Air Ambulance is a service of San Juan Island EMS and MedEvac with aviation services provided by Island Air Inc. San Juan County Public Hospital District No. 1 (SJCPHD1) is a junior taxing District of San Juan County, Washington and operates these emergency services as well as the San Juan School of Wilderness EMS and an American Heart Association Community Training Center for the county.

This position involves clinical, administrative and training responsibilities. Applicants will be considered for not only their clinical ability but also their willingness to be the lead critical care education administrator, teach and be part of agency's process improvement.

In the following pages, you are asked to complete the application in its entirety and return it to us via postal mail to be received here in Friday Harbor, WA. Applications may also be turned in directly to the agency administration.

We look forward to receiving your application, and appreciate your interest in San Juan Island EMS!

Sincerely,

Larry Wall, RN, BSN, CEN, CFRN, CMTE, NREMT Director of Critical Care Transport, San Juan Island EMS and MedEvac P.O. Box 2178 Friday Harbor, WA 98250

Application Process

- 1. Completed applications will be screened for minimum qualifications.
- 2. All qualified applicants with completed application portfolios will be reviewed by the Hiring Committee.
- 3. Phone interviews will be conducted with all qualified applicants.
- 4. Final candidates will be asked to attend a multi-day interview here on San Juan Island. Travel, lodging, and meals will be paid by the District.
- 5. During the interview days, the candidate will:
 - a. Complete a written paramedic exam and practical.
 - b. Interview with the committee, the Medical Director, and others.
 - c. Go on ground EMS calls and be asked to write a complete Patient Care Report following each call.
 - d. Orient to the county and other public safety agencies.
 - e. In a final interview, give feedback to the Chief about the process of the last few days.
- 6. The Hiring Committee will then make a final recommendation to the Chief.
- 7. The successful candidate will be contacted by late November or early December with an expected start date of January 2014.
- 8. We anticipate the interview process will be challenging but enjoyable and will give a comprehensive of the scope of our practice and operations.

Application Checklist

- 1. Application for Employment with Criminal History Check and Driving Record Waiver (signed and notarized).
- 2. Attach current CV/Resume.
- 3. Attach copies of all certifications, licensures, and diplomas from high school, paramedic school and college degree (if appropriate).
- 4. Three letters of professional recommendation <u>sent to us directly</u> from the person making the recommendation. It is your responsibility to make sure that the references send it to us no later than the due date. One reference should be from your current medical director. You can download this packet from the website at http://sanjuanems.org/staff/employment/paramedic.
- 5. List of all states and organizations where you have held credentials. (i.e. Washington State, National Registry, etc).
- 6. List of all continuing education completed since your last recertification.
- 7. A one hundred word (or less) handwritten essay on why you are applying for this position.

Recommendation Forms

You will need to print out THREE (3) Recommendation Packets. Self-address and pre-stamp a return envelope for each reference, so that they may complete and directly return their recommendations to us. Pick people who know you PROFESSIONALLY as a flight nurse. Please attempt to include your CURRENT Medical Director as one of those references if at all possible.

Background Checks

All applicants will be given a thorough criminal, driving, and administrative investigation check. Criminal and driving checks may include WATCH, WA DOL, NCIC and other records. Administrative may include records from all states and agencies where the applicants has held credentials or has practiced in healthcare previously.

Applicant Telephone Interviews

All qualified applicants will be given an initial telephone interview with the Director of Critical Care and a group telephone interview with the Hiring Committee at a time that is mutually agreeable. The interview will take approximately 30 minutes.

Final Candidate Exams

Final candidates will be brought to the island for a two to three day period at District expense including travel, meals, and lodging.

Each will be given a written and practical examination on current critical care EMS practice. The content will be drawn from the core content of the Certified Flight Registered Nurse curriculum as well as specifics of BCLS, ACLS, and PALS. You will need to show cognitive and physical ability as well as the ability to manipulate all necessary equipment while directing and working within a team environment.

A physical agility test will include the ability to carry medical equipment up and down stairs, drag equipment or manikins, use of standard EMS equipment and show fine motor physical dexterity.

These final candidates will also participate on EMS/Flight calls and write a written patient care report at the completion of each call. Each patient encounter will be debriefed and evaluated.

Final Candidate Interviews

Final candidates will be given a series of 1:1 and small group interviews with various agencies and individuals who are internal or external customers or stakeholders of the District. These will include the Chief, Hiring Committee, Medical Director, outside agency Public Safety personnel, District Commissioners, community members and patient representatives.

Attire

The island lifestyle is fairly laid-back. Suits/ties, dresses, etc are uncommon here and not expected. Dress for diverse weather and layer as appropriate. Gym attire with good tennis shoes is required for the physical agility. Business casual is appropriate for most encounters and activities. Activity-appropriate attire is recommended throughout.

Application for Employment					
Name: Last, First, Middle	Date	of Birth:			
Mailing Address: Street	City		S	tate	Zip Code
Home: ()		Mobile: (
Social Security Number:		ersonal Ema			
Have you ever applied for a position within Yes No	to be answered compl San Juan County? If so,	-	1	oropriate.	
Are you legally able to work in the U.S?			Yes	No	
Are you 21 years of age or older?			Yes	No	
Do you have a High School Diploma or G.E.)?		Yes	No	
Are you fluent in another language other th If so, what language(s):	_		Yes	No 	
Certifications. Circle all held. (attach copies)					
Registered Nurse License#		late:			
ACLS/PALS/BLS Other State RN?	License#		Expiration date	e:	
Do you possess a valid Driver License (No Cl State and license number (must provide)		Yes No			
Have you been charged with a traffic infract (Include moving violations, accidents, traffic If yes, how many and date(s):	charges, and omit par	king tickets)	Yes	No	
Has your Driver's License ever been suspend	ded or restricted?		Yes	No	
If yes, must provide reinstatement date(s	5):				
Have you ever been convicted or found guil	ty of the following?				
Reckless Driving	Date(s):		_ Yes	No	
Driving Under the Influence	Date(s):			No	
Hit and Run	Date(s):		Yes	No	

Have you ever been assigned to an alcohol safety action or dri Yes No	iver alcohol rehabilitation progra	am?	
Have you ever been charged with or been convicted of a misd	emeanor or felony? Y	es	No
Are you currently under any terms or conditions?			No
If yes, explain the charge(s), date(s) and verdict(s):			_
Have you ever used any illegal drugs?	Yes	N	No
If yes, date(s):			
Have you ever sold prescription or any illegal drugs?	Yes	. 1	No
If yes, date(s):			
How did you hear about us? EMS Web Site	Referral: Who?		
Magazine Other	Source:		

Attach a copy of your resume/CV which must include:

- 1. Current contact information.
- 2. Educational history from high school onward. Years completed/graduated and degree earned.
- Employment history to include all employers with dates of employment, listing contact verification information for each (address/contact if possible). Notify us of those that may not be contacted and reason why (i.e. current employer does not know I am looking elsewhere). If we cannot contact current employer, who else may we contact to verify your current employment status?
- 4. Copies of all relevant certifications and licensure (RN, paramedic, ACLS, etc)
- 5. Copies of your high school diploma/GED/college degree(s).

Getting To Know You More

Years in pre-	-hospital care as an	EMT:	_ Paramedic:	RN :	Total	
like you to ta	ain a better understar ake the time to write i reverse side if needed	responses to the			our future goals, we w for each question will	ould
1.	Where did you take	your medical cou	ırse(s)?			
2.	Why are you interest	ted in a career as	a Flight Nurse/Educa	ator?		
3.	What are your great	est strengths and	d weaknesses as a pro	ovider?		
4.	· · · · · · · · · · · · · · · · · · ·		Include methods of ii y systems you have e		have worked well for y r teaching.	/ou.
5.	worked or volunteer	ed. Include such e of practice und	aspects as demograp	hics, run volum	ose in which you have e, shift schedules, crev rders, dispatch system	

6.	Why are you seeking employment with San Juan Island EMS and MedEvac?
7.	What special contributions will you be making to the District and the communities we serve?
8.	What <u>professional and personal</u> goals have you set for yourself, both in the short and long term?
9.	How will living full-time on a remote island without many services fit into your life?
10.	What do you do when you're not working?
11.	What else would you like us to know about you?

Application Attestation and Waiver

I affirm that all information in this application is true and complete. I authorize San Juan Island EMS, by my signature below, to conduct or have conducted a background investigation, relevant law enforcement-related checks, reference checks, employment and educational verifications, and, a motor vehicle records check. I understand that acceptance of an offer of employment does not create a contractual obligation upon San Juan Island EMS and MedEvac to continue to employ me. I recognize that they arean "at-will" employer. Any misrepresentation, false statements, or omission of facts called for, shall constitute cause for dismissal or grounds for refusal of employment. I understand that any violation of county rules, policies, standards, and/or procedures as set forth in San Juan Island EMS and MedEvac Code shall constitute cause for dismissal in accordance with established disciplinary procedures. I agree to hold harmless San Juan Island EMS and MedEvac, its affiliates, Board, employees and/or volunteers from any untoward action against me as a result of their inquiry into my application. I agree to comply with all county rules, policies, standards, and/or procedures applicable to my position of employment.

Applicant (Signed in presence of Notary)		
Ackno	wledgment of Indivi	idual
STATE OF COU	JNTY OF	
On this day personally appeared before meindividual(s) described in and who executed the he/she signed the same as his/her free and volumentioned.	e within and foregoi	ng instrument, and acknowledged that
Given under my hand and seal of office this	day of	, 20
Notary Signature		
Notary Printed Name:		notary seal or stamp
Notary Public residing at:		
My Commission Evnires:		