NAVY-MARINE CORPS RELIEF SOCIETY

APPLICATION ADDENDUM
(FOR VISITING NURSE APPLICANTS)

NAME OF APPLICANT:		**DATE OF BIRTH*:**	
OTHER NAME(S) USED:			

(ATTACH A SEPARATE SHEET IF NECESSARY)

NURSING EDUCATION			
NAME OF SCHOOL:			
LOCATION:			
DATE COMPLETED:		**DEGREE RECEIVED:**	
ORIGINAL RN LICENSE			
STATE HELD:		**DATE ISSUED:**	
CURRENT RN LICENSE(S)			
STATE HELD:		**LICENSE #:**	
EXPIRATION DATE:			
STATE HELD:		**LICENSE #:**	
EXPIRATION DATE:			

PROFESSIONAL CERTIFICATIONS			
1.		**EXPIRATION DATE:**	
2.		**EXPIRATION DATE:**	
3.		**EXPIRATION DATE:**	

CURRENT DRIVER'S LICENSE					
STATE:		**NUMBER:**		**EXPIRATION DATE:**	

HEALTH STATUS AND HISTORY			
a.	**Do you currently have any physical or mental impairment that could limit your clinical practice?**	☐ **Yes**	☐ **No**
b.	**Are you currently taking any medication(s)?**	☐ **Yes**	☐ **No**
c.	**Do you have a potentially communicable disease?**	☐ **Yes**	☐ **No**
d.	**Have you been hospitalized for any reason in the past 5 years?**	☐ **Yes**	☐ **No**
e.	**Have you ever been psychiatrically hospitalized or diagnosed with a major psychiatric disorder?**	☐ **Yes**	☐ **No**
f.	**Are you currently under or have you ever received treatment for an alcohol or drug-related conditions?**	☐ **Yes**	☐ **No**
g.	**Have you ever been involved in the illegal use of controlled substances?**	☐ **Yes**	☐ **No**

HEALTH STATUS AND HISTORY – CONTINUED			
PLEASE EXPLAIN ALL 'YES' ANSWERS IN THE SPACE BELOW:			
MALPRACTICE, LICENSURE,, REDUCTION IN CLINICAL SCOPE, AND LEGAL HISTORY			
a.	**Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)**	☐ **Yes**	☐ **No**
b.	**Have you ever been a defendant in a felony or misdemeanor case (Indicate final disposition of case in comments.)**	☐ **Yes**	☐ **No**
c.	**Has there been previously successful or currently pending challenges, revocation, or restriction to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification, or registration?**	☐ **Yes**	☐ **No**
PLEASE EXPLAIN ALL 'YES' ANSWERS IN THE SPACE BELOW:			

**Date of birth required to verify attendance at many schools/universities*

Applicants are required to provide a photocopy of the RN and driver's licenses, as well as any professional certifications, prior to being interviewed for the position of Visiting Nurse.

I understand that these questions are asked in order to verify my educational background and work history, and that none of this information will be used to discriminate against me in any way. I give my permission for the Society to verify the information I have provided on this form and on the employment application.

Signature of Applicant _____ Date _____