



High Quality Care Nursing, Inc.

217 Main Street Laurel MD 20707

EMPLOYEE INTERVIEW EVALUATION FORM

Applicant Name: _____ Date _____ Position Applied For _____

Does Applicant have; 1. Current License from Maryland Board of Nursing Yes ___ No ___

2. CPR certificate Yes ___ No ___

3. Completed Application Form Yes ___ No ___

KEY	PURPOSE
NS: NOT SATISFACTORY S: SATISFACTORY VS: VERY SATISFACTORY NA NOT APPLICABLE	This evaluation is to standardize the recording of information collected during an interview and assist in evaluating applicant when interviews are completed. Interviewers are encouraged to use the "Comments" section to support each applicant's rating. This form is to be completed during and/or immediately following the interview.

CRITERIA	N S	S	V S	N A	COMMENTS: (Be Specific)
EXPERIENCE: (Pediatric experience)					
EDUCATION/TRAINING:					
CHARACTERISTICS					
COMMUNICATION SKILLS:					
DECISION MAKING/PROBLEM SOLVING					
APPEARANCE					
OVERALL EVALUATION					

COMAR 10.09.53.03C(3) ensure that each nurse rendering services to a pediatric patients has at least 1 year clinical experience which includes pediatric patient care within last 2 years. In signing this statement, you affirm that this applicant has had at least 1 year of clinical experience involving pediatric patient care within the past 2 years.

Complete the questions listed in the previous section and complete the information requested below.

Do you affirm that this applicant has had at least 1 year clinical experience involving pediatric care within the past 2 years? Yes ___ No ___

1. Name Of Person Giving Interview _____ Title _____ Date _____

2. Name Of Person Giving Interview _____ Title _____ Date _____

3. Name of High Quality Care Personnel _____ Title _____ Date _____