



Quality One Care

Home Health Inc

We care with golden hands.

9221 COLESVILLE ROAD Silver Spring MD 209010 - Tel: (301) 658-7141 FAX (301) 6582328

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	NS	S	VS	NA	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 patient 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 Quality One Care Personnel _____ Title _____ Date _____