

## *Information Questionnaire*

Please fill out the following form and submit. A representative will contact you regarding your staffing needs.

1. What type of facility are you? (Select one)

LTC      Assisted Living      School      Hospital      Other

If "other", please specify:

2. What type of needs are you looking to fill?

Long Term Contract

Short Term Contract

As Needed

3. Are you presently utilizing agency personnel?

Yes

No

4. Do you require any special certifications? (i.e. ACLS, BLS, etc.)

If so, please indicate which ones:

5. Name of Facility:

Contact Name/Title

Telephone:

Address:

County:

Email: