POSITION DESCRIPTION

POSITION TITLE: Nurse Practitioner/Psychiatric-Mental Health

DEPARTMENT: Vinton Family Medical Clinic

INCUMBENT:

DATE EFFECTIVE:

REPORTS TO: Medical Director

Director of Clinic Operations

EXPOSURE CATEGORY 3

GENERAL STATEMENT OF DUTIES:

Works a combination of 4 days per week in clinic and **1** day on administrative matters and colleague consultation on cases, but hours may be long and irregular. May occasionally work more than 40 hours per week including week-ends as necessary. The duties to be performed by the Nurse Practitioner shall in all events be consistent with the general practice of medicine in accordance with the customary rules and ethics and conduct of the Iowa Board of Nursing and such other bodies, formal or informal, government or otherwise.

SUPERVISION RECEIVED:

By Director of Clinic Operations on administrative issues.

SUPERVISION EXERCISED:

The incumbent will ensure that all support staff under him/her shall operate in a clinically and fiscally responsible manner.

TYPICAL PHYSICAL DEMANDS:

- Must be able to move intermittently throughout the workday.
- Must be able to speak and write the English language in an understandable manner.
- Must be able to cope with the mental and emotional stress of the position.
- Must possess sight/hearing senses or use of prosthetics that will enable these senses to function so that the requirements of this position can be fully met.
- Must function independently, have flexibility, personal integrity, and the ability to work effectively with patients, personnel, and support agencies.
- Must be in good general health and demonstrate emotional stability.
- Must be able to relate to and work with the ill, disabled, elderly, emotionally upset, and at times hostile people within the facility.

■ Must be able to assist in the evacuation of residents and patients.

TYPICAL WORKING CONDITIONS:

- Works in office areas as well as throughout the facility.
- Sits, stands, bends, lifts, and moves intermittently during working hours.
- Is subject to frequent interruptions.
- Is involved with residents, family members, personnel, visitors, government agencies/personnel, etc., under all conditions/circumstances.
- Is subject to hostile and emotionally upset residents, patients, family members, personnel, visitors, etc.
- Works beyond normal working hours when necessary.
- May be exposed to diseases and viruses.

ESSENTIAL DUTIES:

Medical Records

- The Nurse Practitioner shall maintain medical records on behalf of each patient seen. Such records shall at all times be the property of the employer.
- Patient dictation shall be completed in a timely manner and in accordance with the bylaws of the Virginia Gay Hospital Medical Staff.

Nurse Practitioner Responsibilities

- The incumbent will provide mental health and family medicine services to patients including therapy, social rehabilitation, crisis intervention and outreach services.
- The incumbent will see patients of all ages and life stages performing initial assessments, medication checks and working with the integrative team to ensure the care of the patient is met.
- Assess and develop individualized plans of care for all patients.
- Incumbent will include explaining treatment plans to patients and their families, maintaining patient records, preparing reports, monitoring progress toward treatment goals and conducting annual reviews of active treatment plans.
- Participate in the development, execution and periodic review of the written policies governing the services the clinic furnishes.
- Provide services in accordance with those policies.
- Arrange for, or refer patients to, needed services that cannot be provided at the clinics.
- Assure that adequate patient health records are maintained and transferred as required when patients are referred.
- Nurse Practitioner shall perform medical services in accordance with the rules of ethics governing the practice of medicine. The mid-level is under no obligation or requirement to refer patients to any healthcare provider and the amount of compensation will not vary based upon referrals made.
- Employee is responsible to attend required educational offerings to maintain licensure in the State of lowa.
- Employee shall delegate duties to support staff as appropriate.

- Employee shall maintain medical staff privileges at Virginia Gay Hospital.
- Appropriate duties as assigned

Acceptance of Patients

Nurse Practitioner, and employer shall have mutual authority over acceptance or refusal of any patient and delegation of patients among employees of the employer.

Marginal/Incidental Duties:

- Conducts educational offerings.
- Speaks to hospital and community groups.
- Participates in health-related activities and groups.
 Maintains membership in professional organizations.

Education/Experience:

Must be AANP or ANCC certified with active RN license. Master's degree or higher from a psychiatric- mental health nurse practitioner program with at least 500 clinical hours accredited by the Commission of Collegiate Nursing Education (CCNE) of the American Commission for Education in Nursing (ACEN). Should also have Psychiatric-Mental Health Nurse Practitioner Certification (PMHNP-BC). Must have or be eligible for DEA or CSA registration.



Application for Employment

Date of Application:						• • • • • • • • • • • • •	
Position Desired:					please circle one:	Full Time	e Part Time
Date available to start v	vork? :						
What shifts are you ava	ilable to work?	Day	Evening	Night		• • • • • • • • • • • • •	
Can you work rotating	shifts? Yes	No				• • • • • • • • • • • •	
Are you willing to work	weekends and hol	idays when n	ecessary?	Yes No			
IMPORTANT: F	Please print	or write	plainly.	,			
Last Name:	First N	lame:		Middle Name:		Maiden N	ame:
E-Mail Address:		• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • •	
Street Address:		•••••	• • • • • • • • • • • • • • • • • • • •				
City:			• • • • • • • • • • • • • • •		State:		Zip:
Area Code: () Phone Numl	oer:					
Have you been previou	sly employed at Vir	ginia Gay Ho	spital Clinics,	Home Health & Nเ	ursing & Rehab?	Yes	No
If "Yes", please give posi	tion held and date	of employm	ent:				
Were you referred to ap	pply here? Yes	No	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
If "Yes", please give nam	e and department	of who referr	ed you:				
Record of Edu	cation						
	Name and Address Educational Institu		Circle Hig Complet	ghest Year ed	Major	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	List Diploma or Degree
High School			7 8 9	9 10 11 12			
College or University			1 2	3 4 5 6			
Technical or Nursing School			1 2	3 4 5		0	
Other (Specify)		,					***************************************
Are you attending scho	ol now? Yes	No	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	·	•••••••	• • • • • • • • • • • • • • • • • • • •

Professional License or Registration

Type:	State(s) lowa Other:	YES	NO	License or Certificate	Expiration Date		
Type:	State(s) lowa Other:	YES	NO	License or Certificate	Expiration Date		
Professional Organizations List all you belong or hold office.							
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${f Special~Skills~\&~Qualifications}$ List all for the position you are applying.							
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Employment Record

List all employment for past fifteen years including self employment.

			From: (mo./yr.)	To: (mo./yr.)	Base Wages/Salary
Employer (Present or Most Recent):					\$ per
Address (City, State, Zip):					
Job Title:	Supervisor's Name:				
Describe Major Job Duties:					
Reason for Leaving:					
If presently employed may we cont	act your employer for refere	nces? Yes No			
May we contact you at your place o	f employment? Yes	No If "Yes", please ente	er area code and p	hone: ()
■ Employer (Present or Most Recent):			From: (mo./yr.)	To: (mo./yr.)	Base Wages/Salary \$ per
Address (City, State, Zip):					
Job Title:	Supervisor's Name:				
Describe Major Job Duties:					
Reason for Leaving:					
■ Employer (Present or Most Recent):			From: (mo./yr.)	To: (mo./yr.)	Base Wages/Salary \$ per
Address (City, State, Zip):					
Job Title:	Supervisor's Name:				
Describe Major Job Duties:					
Reason for Leaving:		• • • • • • • • • • • • • • • • • • • •			
Employer (Present or Most Recent):			From: (mo./yr.)	To: (mo./yr.)	Base Wages/Salary \$ per
Address (City, State, Zip):					
Job Title:	Supervisor's Name:				
Describe Major Job Duties:					
Reason for Leaving:					

Personal Reference Name: Address (City, State, Zip): Name: Address (City, State, Zip): Military Service Branch of Service: Dates of Service: From Rank: То Specialty Training Received: Are you a U.S. Citizen? Yes If you are not a citizen of the U.S., please enter type of Visa held and Alien Registration Number. Type of Visa: Alien Registration No.: Have you ever been convicted in a criminal court case (except of minor traffic violations)? Yes No If "Yes", give details to where, when and on what charge: Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? Yes No If "Yes", give details as to Where, When and on What Charge: Are you on the OIG excluded provider list? No If "Yes", date and why? Virginia Gay Hospital is an equal employment opportunity employer. No person is unlawfully excluded from consideration for employment because of race, color, religious creed, national origin, ancestry, gender, age, veteran status, marital status, sexual orientation, transgender identity, or physical challenges. This policy applies not only to recruitment and hiring practices, but also in the areas of placement, promotion, transfer, rate of pay, and termination. No question on this application is intended to secure information to be used for such discrimination. I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future examinations as may be required of this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform. I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may terminate

Virginia Gay Hospital Clinics, Home Health, Nursing & Rehab 502 N 9th Ave • Vinton, IA 52349

for any misstatement or omission of fact appearing on this application form.

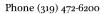
Signature of Applicant

If employed I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility of employment.

Phone (319) 472-6200

www.myvgh.org

Date



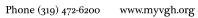
www.myvgh.org



Applicant's Statement

IMPORTANT: Read carefully and initial each paragraph before signing.

By my signature and initials placed below, I certify that the information provided in this employment application (and accompanying resume, if
any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the hospital i I should be convicted of a felony or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.
Initials
I give permission for a complete post-offer assessment and physical examination, and I consent to the release to the hospital of any and all medical information as may be deemed necessary by the hospital in judging my capability to do the work for which I am applying. I further understand that if medical conditions are diagnosed through the post-offer assessment or physical exam that would make it impossible for me to perform the duties as listed on the job description, the job offer may be withdrawn.
Initials
I authorize the investigation of all statements contained in this application. I also authorize the hospital to contact my present employer, past employers and listed references.
Initials
I authorize any person, school, current employer, and organizations named in this application from to provide the hospital with relevant information and opinion that may be useful to the hospital in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.
Initials
I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANYTIME.
Initials
I understand also that I am required to abide by all rules and regulations of the employer.
Initials
Date: Signed:



		A Healing tradition
		VIRGINIA GAY HOSPITAL
7		HOSPITAL
Clir	nics, F	Iome Health, Nursing & Rehab

Notes

State of Iowa NON-LAW ENFORCEMENT RECORD CHECK REQUEST FORM A

	ACCOUNT NUMBER				
TO: Iowa Division of Criminal Investigation Bureau of Identification, 1st Floor 215 E 7th Street Des Moines, Iowa 50319 (515) 281-4776 (515) 725-6080 (fax)					
	Fax #				
I am requesting an IOWA CRIMINAL	HISTORY check o	n:			
(Type or Print Legibly)	REQUEST				
Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)			
Date of Birth (mandatory)	Sex (mandatory)	Social Security Number (recommended)			
Sign	nature of Requester				
There is a separate Form '	"A" required for eac	ch last name submitted			
(DCI Use Only)					
	RESULTS				
As of	, a name and	I date of birth check revealed:			
CCH record attached	No CCH re	cord found			
DCI initials					
	WAIVER				
I hereby give permission for the above record check with the Division of Crim DCI may be released as allowed by law.	requesting official	·			
Signature		Date			