



Hudson Staffing

* Denotes required field

This profile is for use by Surgical Technologists with more than one year experience in their discipline and specialty. It will not be a determining factor for the Hudson Staffing program.

Please enter your full legal name as it appears on your **Social Security Card**.

First name*

Last name*

Email

Please indicate your level of experience

A. Theory, no practice

C. Two plus years experience

B. One - two years experience

A. EAR, NOSE & THROAT

- | | | | | | | |
|--|---|-----------------------|---|-----------------------|---|-----------------------|
| 1. Adenoidectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 2. Caldwell - Luc | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 3. Cleft lip/palate repair | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 4. Closed reduction nasal fracture | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 5. Ethmoidectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 6. Excision of salivary gland tumor | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 7. Fenestration procedure | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 8. Frontal flap sinus procedure | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 9. Glossectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 10. Laryngectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 11. Mandibulectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 12. Mastoidectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 13. Maxillary advancement with hip graft | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 14. Maxillectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 15. Myringoplasty | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 16. Myringotomy/with PE tube insertion | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 17. Nasal polypectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 18. Open reduction facial fracture | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 19. Open reduction nasal fracture | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 20. Parotidectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 21. Pharyngeal flap procedure | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 22. Radical neck dissection | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |

- 23. Ranulectomy A B C
- 24. Rhinoplasty/septoplasty A B C
- 25. Selective osteotomy of maxilla/mandible A B C
- 26. Sinus endoscopy A B C
- 27. Sinusotomy A B C
- 28. Stapedectomy A B C
- 29. Submucous resection A B C
- 30. Tonsillectomy A B C
- 31. Tracheostomy A B C
- 32. Tympanoplasty A B C

B. ENDOSCOPIC PROCEDURES

- 1. Bronchoscopy A B C
- 2. Colonoscopy A B C
- 3. Culdoscopy A B C
- 4. Cystoscopy A B C
- 5. Esophagoscopy A B C
- 6. Gastrosocopy A B C
- 7. Hysteroscopy A B C
- 8. Laparoscopic procedures
 - a. Appendectomy A B C
 - b. Cholecystectomy/cholangiogram A B C
 - c. Colon resection A B C
 - d. Hernia repair A B C
 - e. Nissen fundoplication A B C
 - f. Salpingo-oophorectomy A B C
 - g. Tubal ligation A B C
 - h. Vaginal hysterectomy A B C
- 9. Laryngoscopy & microlaryngoscopy A B C
- 10. Mediastinoscopy A B C
- 11. Pelviscopy A B C
- 12. Sigmoidoscopy A B C
- 13. Thoracoscopy A B C

C. GENERAL SURGERY

- 1. Abdominal perineal resection A B C
- 2. Adrenalectomy A B C
- 3. Anal fissurectomy A B C
- 4. Appendectomy A B C
- 5. Breast biopsy A B C
- 6. Colectomy A B C
- 7. Colostomy/ileostomy A B C
- 8. Gastrectomy A B C
- 9. Gastroplasty A B C

- | | | | | | | |
|--|---|-----------------------|---|-----------------------|---|-----------------------|
| 10. Hemorrhoidectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 11. Hepatic resection | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 12. Herniorrhaphy - femoral, inguinal, umbilical | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 13. Hiatal herniorrhaphy, transabdominal/transthoracic | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 14. Hickman/Groshong/Portacath insertion | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 15. Hydrocelectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 16. Imperforate anus reconstruction | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 17. Lumbar sympathectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 18. Omphalocele repair | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 19. Pancreatectomy/pancreatogram | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 20. Pilonidal cystectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 21. Portal caval shunt | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 22. Pyloric stenosis | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 23. Radical mastectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 24. Saphenous vein ligation and stripping | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 25. Sentinel node biopsy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 26. Splenectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 27. Tenckhoff catheter placement | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 28. Thyroglossal duct cyst excision | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 29. Thyroidectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 30. Tracheostomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 31. Vagotomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |

D. GYNECOLOGY

- | | | | | | | |
|-------------------------------------|---|-----------------------|---|-----------------------|---|-----------------------|
| 1. Cesarean section | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 2. Colpotomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 3. Dilation and curettage (D & C) | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 4. Hysterectomy, abdominal | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 5. Hysterectomy, vaginal | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 6. Marshall - Marchetti | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 7. Marsupialization, Bartholin cyst | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 8. Ovarian cystectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 9. Radium insertion | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 10. Sacral spinus fixation | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 11. Shirodkar procedure | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 12. Suction curettage | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 13. Vaginal reconstruction | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 14. Vaginectomy/vulvectomy | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |

E. NEUROLOGY

- | | | | | | | |
|--|---|-----------------------|---|-----------------------|---|-----------------------|
| 1. A-V malformation | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 2. Anterior cervical fusion | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 3. Anterior laparoscopic spine procedures | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |
| 4. Anterior lumbar interbody fusion (ALIF) | A | <input type="radio"/> | B | <input type="radio"/> | C | <input type="radio"/> |

- 5. Burr holes for subdural hematoma A B C
- 6. Carotid ligation A B C
- 7. Cervical sympathectomy A B C
- 8. Craniectomy for decompression fracture A B C
- 9. Cranioplasty/craniotomy
 - a. Clipping of aneurysm A B C
 - b. Tumor excision A B C
 - Using stealth equipment (stealth craniotomy) A B C
- 10. Discectomy A B C
- 11. Hypophysectomy A B C
- 12. Insertion nerve stimulators/medication pumps A B C
- 13. Laminectomy A B C
- 14. Myelomeningocele repair A B C
- 15. Pedicle screw insertion A B C
- 16. Posterior lumbar interbody fusion (PLIF) A B C
- 17. Shunt procedure/VP, VA/LP A B C
- 18. Spine fusion - list systems you have used |
- 19. Ulnar nerve transfer A B C
- 20. Ventriculography procedure/ventriculoscopy A B C
- 21. Ventriculostomy A B C

F. OPHTHALMOLOGY

- 1. Cataract extraction with IOL A B C
- 2. Corneal transplant A B C
- 3. Dacryocystectomy A B C
- 4. Dacryocystorhinostomy A B C
- 5. Iridectomy A B C
- 6. Lid and muscle procedures A B C
- 7. Orbital implant A B C
- 8. Phaco emulsification A B C
- 9. Pterygium repair A B C
- 10. Recession resection A B C
- 11. Repair orbital blowout fracture A B C
- 12. Scleral buckle A B C
- 13. Vitrectomy A B C

G. ORAL

- 1. Closed reduction facial fractures/wiring A B C
- 2. Excision odontoma A B C
- 3. Extraction of deciduous teeth A B C
- 4. Extraction of impacted molars A B C
- 5. Fractured jaws, mandibular and zygomatic A B C
- 6. LeFort osteotomies A B C
- 7. Maxillary procedure with graft A B C

- 8. Pediatric dentistry A B C
- 9. Sagittal osteotomy A B C
- 10. Temporomandibular joint (TMJ) with arthroplasty A B C
- 11. TMJ exploration A B C

H. ORTHOPEDICS

- 1. Acetabular/pelvic ORIF A B C
- 2. Achilles tendon repair A B C
- 3. Amputation - leg, arm A B C
- 4. Anterior cruciate ligament repair A B C
- 5. Application of external fixators
 - a. Extremities A B C
 - b. Pelvis A B C
- 6. Application of halo traction A B C
- 7. Arthroscopy
 - a. Ankle A B C
 - b. Elbow A B C
 - c. Knee A B C
 - d. Shoulder A B C
- 8. Arthrotomy A B C
- 9. Bipolar/unipolar hips A B C
- 10. Bunionectomy A B C
- 11. Calcaneal reconstruction A B C
- 12. Capsulorrhaphy A B C
- 13. Carpal tunnel release A B C
- 14. Closed reduction fracture A B C
- 15. Hand surgery with implants A B C
- 16. Harrington rod instrumentation and/or Dwyer procedure A B C
- 17. Heel cord lengthening A B C
- 18. Hip compression nails & lag screws
 - a. Jewett A B C
 - b. Kuntscher rod A B C
 - c. Lottes A B C
 - d. Rush A B C
 - e. Schneider A B C
 - f. Zimmer A B C
 - g. Others - list
- 19. Iliac crest bone graft A B C
- 20. Insertion Austin Moor hip prosthesis A B C
- 21. Intramedullary rods
 - a. Extraction A B C
 - b. Femoral A B C
 - c. Humeral A B C
 - d. Insertion A B C
 - e. Supracondylar A B C

- f. Tibial A B C
- 22. Laminectomy A B C
- 23. Olecranon bursa, excision of A B C
- 24. Open reduction of fracture, internal fixation with compression set A B C
- 25. Patellectomy A B C
- 26. Putti Platt/Bankart procedure/rotator cuff repair A B C
- 27. Reduction with compression sets A B C
- 28. Reimplantation of digits A B C
- 29. Repair hammer toes A B C
- 30. Sacro-iliac (SI) joint screws A B C
- 31. Sharrard procedure A B C
- 32. Spica cast, application of A B C
- 33. Spinal fusion A B C
- 34. Tendon transplants (hand and foot) A B C
- 35. Total joint replacements/revisions
 - a. Total hip A B C
 - b. Total knee A B C
 - c. Total shoulder A B C

I. PLASTICS

- 1. Abdominal lipectomy A B C
- 2. Blepharoplasty A B C
- 3. Face lift A B C
- 4. Mammoplasty
 - a. Augmentation A B C
 - b. Reduction A B C
 - Tramflaps with reconstructive mammoplasty A B C
- 5. Mentoplasty A B C
- 6. Otoplasty A B C
- 7. Pedicle grafts A B C
- 8. Scar revisions A B C
- 9. Split thickness skin grafting A B C
- 10. Tissue expanders A B C

J. THORACIC & OPEN HEART

- 1. Cervical rib excision A B C
- 2. Chamberlain procedure A B C
- 3. Closed thoracotomy A B C
- 4. Correction pectus excavatum A B C
- 5. Esophagectomy A B C
- 6. Heller procedure A B C
- 7. Mitral commissurotomy A B C
- 8. Open heart procedures
 - a. Mitral or aortic valve replacement A B C

- b. Patent ductus arteriosus A B C
- c. Septal defect repairs A B C
- d. Tetralogy of Fallot A B C
- 9. Pacemaker implantation-endocardial A B C
- 10. Pacemaker implantation-myocardial A B C
- 11. Pericardiectomy A B C
- 12. Resection coarctation aorta A B C
- 13. Rib resection A B C
- 14. Thoracoplasty A B C
- 15. Tracheal resection A B C
- 16. Transthoracic diaphragmatic herniorrhaphy A B C

K. TRANSPLANT

- 1. Bone A B C
- 2. Bone marrow A B C
- 3. Corneal A B C
- 4. Harvesting A B C
- 5. Heart A B C
- 6. Kidney A B C
- 7. Liver A B C
- 8. Lung A B C
- 9. Multi-organ A B C
- 10. Pancreas A B C
- 11. Skin A B C

L. TRAUMA

- 1. Burns A B C
- 2. Gunshot/stab wounds
 - a. Abdomen A B C
 - b. Chest A B C
 - c. Head A B C
- 3. Motor vehicle accidents (multiple injuries) A B C
- 4. Traumatic amputations A B C

M. UROLOGY

- 1. Adult circumcision A B C
- 2. Cystectomy A B C
- 3. Cystoscopy/ureteroscopy A B C
- 4. Hypospadias repair A B C
- 5. Implants: penile, testicular A B C
- 6. Lithotripsy A B C
- 7. Nephrectomy A B C
- 8. Nephrolithotomy A B C
- 9. Orchiopexy A B C

- 10. Prostatectomy
 - a. Perineal A B C
 - b. Supra-pubic A B C
- 11. Pyeloplasty A B C
- 12. Radical node dissection A B C
- 13. Scott incontinence device A B C
- 14. TURP A B C
- 15. Ureterolithotomy A B C
- 16. Vasectomy A B C
- 17. Vasovasostomy A B C
- 18. Waterhouse procedure A B C

N. VASCULAR

- 1. A-V access graft A B C
- 2. Aortic aneurysm with graft replacement A B C
- 3. Endarterectomy/carotid - femoral A B C
- 4. Peripheral vascular bypass procedures A B C
- 5. Resection carotid aneurysm with graft A B C
- 6. Thrombectomy/embolectomy A B C
- 7. Vena cava filter/umbrella A B C
- 8. Vena cava ligation A B C

O. EQUIPMENT

- 1. Argon beam coagulator A B C
- 2. Bair Hugger A B C
- 3. Blood/fluid warmer A B C
- 4. Camera/video systems
 - a. Camera controller A B C
 - b. Light source A B C
 - c. Printers A B C
 - d. VCRs A B C
- 5. Cell saver A B C
- 6. Cidex soak A B C
- 7. Cry-ophthalmic unit A B C
- 8. Dermatome
 - a. Brown A B C
 - b. Padgett A B C
 - c. Zimmer A B C
- 9. Disposable grounding pads A B C
- 10. Drills
 - a. 3-M Maxi driver A B C
 - b. Codman craniotome A B C
 - c. Hall air driver A B C
 - d. Hall dental A B C
 - e. Hall neurotome A B C

- f. Midax Rex/Anspach A B C
- g. Minidriver A B C
- h. Stryker drills
 - (1) Large battery Stryker A B C
 - (2) Small battery Stryker A B C
- i. Surgairtome A B C
- j. Synthes A-O Drill A B C
- 11. Electrosurgical unit A B C
- 12. Emerson thoracic pump A B C
- 13. Ethylene oxide sterilizer - AMSCO A B C
- 14. Eye magnet A B C
- 15. Fiber optic luminator - list types
- 16. Flash autoclave - AMSCO A B C
- 17. Fracture tables
 - a. Chick table/Marquet table A B C
 - b. Jackson table A B C
 - c. Rush table/Skytron table A B C
- 18. Hypo/hyperthermia unit A B C
- 19. Intestinal stapling devices
 - a. EEA A B C
 - b. GIA A B C
 - c. LDS A B C
 - d. TA A B C
- 20. Kreiselman resuscitator A B C
- 21. Laser
 - a. CO₂ A B C
 - b. Eye A B C
 - c. Yag A B C
 - d. Other
- 22. Mesh graft A B C
- 23. Microscopes, type
- 24. Nerve stimulator A B C
- 25. Nitrous oxide bank A B C
- 26. Ohio suction units A B C
- 27. Orthopedic arm board with drain A B C
- 28. Pleurevac disposable chest drainage A B C
- 29. Pneumatic tourniquet A B C
- 30. Sterad machine A B C
- 31. Steri-vac aeration cabinet, 3-M, portable A B C
- 32. Steris unit A B C
- 33. Suction unit, disposable A B C
- 34. Tele-thermometer A B C
- 35. Ultrasonic cleaner - AMSCO A B C
- 36. Vac-pac positioner A B C

- 37. Vacuum curettage A B C
- 38. Washer sanitizer - AMSCO A B C
- 39. Washer sterilizer - AMSCO A B C

AGE SPECIFIC PRACTICE CRITERIA

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> A. Newborn/Neonate (birth - 30 days) <input type="checkbox"/> B. Infant (30 days - 1 year) <input type="checkbox"/> C. Toddler (1 - 3 years) <input type="checkbox"/> D. Preschooler (3 - 5 years) <input type="checkbox"/> E. School age children (5 - 12 years) | <ul style="list-style-type: none"> <input type="checkbox"/> F. Adolescents (12 - 18 years) <input type="checkbox"/> G. Young adults (18 - 39 years) <input type="checkbox"/> H. Middle adults (39 - 64 years) <input type="checkbox"/> I. Older adults (64+) |
|--|--|

EXPERIENCE WITH AGE GROUPS:

- | | A | B | C | D | E | F | G | H | I |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Able to adapt care to incorporate normal growth and development. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can ensure a safe environment reflecting specific needs of various age groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My experience is primarily in: (Please indicate number of years.)

- | | | | |
|--|--|---------|--|
| Total years ST experience: | | year(s) | |
| <input type="checkbox"/> Endoscopy | | year(s) | <input type="checkbox"/> Ortho |
| <input type="checkbox"/> ENT | | year(s) | <input type="checkbox"/> Plastics |
| <input type="checkbox"/> General | | year(s) | <input type="checkbox"/> Thoracic/open heart |
| <input type="checkbox"/> GYN | | year(s) | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Neuro | | year(s) | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Ophthalmology | | year(s) | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Oral | | year(s) | <input type="checkbox"/> Vascular |

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you have. If you do not know the exact date, please use the last date of the specific month (e.g., 08/31/2003).

- | | | | |
|--|------------|--|---|
| <input type="checkbox"/> BCLS | Exp. date: | | (mm/dd/yyyy) |
| <input type="checkbox"/> ACLS | Exp. date: | | (mm/dd/yyyy) |
| <input type="checkbox"/> Other (type): | | | Exp. date: (mm/dd/yyyy) |
| <input type="checkbox"/> Computerized charting system: | | | Exp. date: (mm/dd/yyyy) |

Please read and agree to the statements below by marking the checkbox.

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Surgical Technologist Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities.

