

**Directions**

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Print Name	Last 4 Digits of SS#	Date	Experience					
<b>General Skills</b>			Experience					
Advanced directives			0	1	2	3	4	5
Awareness of HCAHPS			0	1	2	3	4	5
Patient/family teaching			0	1	2	3	4	5
Discharge planning			0	1	2	3	4	5
UR/medicare review			0	1	2	3	4	5
Lift/transfer devices			0	1	2	3	4	5
Specialty beds			0	1	2	3	4	5
Restrictive devices (restraints)			0	1	2	3	4	5
End of life care/palliative care			0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other			0	1	2	3	4	5
National Patient Safety Goals			0	1	2	3	4	5
Accurate patient identification			0	1	2	3	4	5
Effective communication			0	1	2	3	4	5
Awareness of patient rights			0	1	2	3	4	5
Interpretation & communication of lab values			0	1	2	3	4	5
Medication administration			0	1	2	3	4	5
Labeling (medications & specimens)			0	1	2	3	4	5
Medication reconciliation			0	1	2	3	4	5
Anticoagulation therapy			0	1	2	3	4	5
Pain assessment & management			0	1	2	3	4	5
Infection control			0	1	2	3	4	5
Universal precautions			0	1	2	3	4	5
Isolation			0	1	2	3	4	5
Minimize risk for falls			0	1	2	3	4	5
Prevention of pressure ulcers			0	1	2	3	4	5

Cardiac	Experience					
Assessment of heart sounds	0	1	2	3	4	5
Identification of arrhythmias (rate/rhythm)	0	1	2	3	4	5
Pacemakers/AID's	0	1	2	3	4	5
Cardiac arrest/CPR	0	1	2	3	4	5

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Cardiac - cont.	Experience					
<b>Care of Patient with:</b>						
Hypertension	0	1	2	3	4	5
Pre/post MI	0	1	2	3	4	5
CHF	0	1	2	3	4	5
Post cardiac surgery	0	1	2	3	4	5
Fluid & electrolyte imbalances	0	1	2	3	4	5
<b>Medication Administration</b>						
Anticoagulants	0	1	2	3	4	5
Antiarrhythmics	0	1	2	3	4	5
Beta blockers	0	1	2	3	4	5
Nitroglycerin	0	1	2	3	4	5
Diuretics	0	1	2	3	4	5

Respiratory	Experience					
Assessment/auscultation of lung sounds	0	1	2	3	4	5
Establishing an airway	0	1	2	3	4	5
Chest PT	0	1	2	3	4	5
Incentive spirometry	0	1	2	3	4	5
Supplemental oxygen (cannula, facemask)	0	1	2	3	4	5
Tracheostomy care	0	1	2	3	4	5
Suctioning (tracheostomy & nasotracheal)	0	1	2	3	4	5
Nebulizer use	0	1	2	3	4	5
<b>Care of Patient with:</b>						
Pneumonia	0	1	2	3	4	5
Asthma	0	1	2	3	4	5
COPD	0	1	2	3	4	5
Emphysema	0	1	2	3	4	5
<b>Use &amp; Administration of:</b>						
Bronchodilators	0	1	2	3	4	5
Expectorants	0	1	2	3	4	5
Corticosteroids	0	1	2	3	4	5

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Neurology	Experience					
Assessment of neuro signs	0	1	2	3	4	5
Seizure precautions	0	1	2	3	4	5
<b>Care of Patient with:</b>						
TBI (Traumatic Brain Injury: history of)	0	1	2	3	4	5
Seizure activity	0	1	2	3	4	5
Spinal cord injury	0	1	2	3	4	5
Stroke (CVA)	0	1	2	3	4	5
Multiple sclerosis	0	1	2	3	4	5
Alzheimer's disease	0	1	2	3	4	5
Parkinson's disease	0	1	2	3	4	5
ALS (Amyotrophic Lateral Sclerosis)	0	1	2	3	4	5
<b>Use &amp; Administration of:</b>						
Antiseizure medications	0	1	2	3	4	5
Antiemetics	0	1	2	3	4	5
Laxatives	0	1	2	3	4	5
Enemas	0	1	2	3	4	5
Bowel prep	0	1	2	3	4	5

Gastrointestinal	Experience					
NG tube (insertion/removal)	0	1	2	3	4	5
Long term feeding tubes (dobhoff/keofeed)	0	1	2	3	4	5
Gastrostomy tube	0	1	2	3	4	5
Tube feedings	0	1	2	3	4	5
Monitoring input/output	0	1	2	3	4	5
<b>Care of Patient with:</b>						
Colostomy/ileostomy	0	1	2	3	4	5
GI bleed	0	1	2	3	4	5
Feeding devices/adaptive equipment	0	1	2	3	4	5
Dietary restrictions	0	1	2	3	4	5
GT/PEG feedings	0	1	2	3	4	5
<b>Use &amp; Administration of:</b>						
Antiemetics	0	1	2	3	4	5
Laxatives	0	1	2	3	4	5
Enemas	0	1	2	3	4	5
Bowel prep	0	1	2	3	4	5

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Genitourinary	Experience					
Foley catheter insertion/removal	0	1	2	3	4	5
GU irrigations	0	1	2	3	4	5
Nephrostomy tube	0	1	2	3	4	5
Suprapubic catheter	0	1	2	3	4	5
Ileo conduit	0	1	2	3	4	5
Use of bladder scan equipment	0	1	2	3	4	5
<b>Care of Patient with:</b>						
Shunts and fistulas	0	1	2	3	4	5
Straight catheterizations	0	1	2	3	4	5
Incontinence/bladder training	0	1	2	3	4	5
Chronic renal failure/dialysis	0	1	2	3	4	5
Peritoneal dialysis	0	1	2	3	4	5

Orthopedic	Experience					
Total joint replacement	0	1	2	3	4	5
Arthroscopic surgery	0	1	2	3	4	5
Cast care	0	1	2	3	4	5
Pulse/CMS checks	0	1	2	3	4	5
Suture/staple removal	0	1	2	3	4	5
Prosthesis application	0	1	2	3	4	5
Standard extremity braces	0	1	2	3	4	5
<b>Care of Patient with:</b>						
Amputation	0	1	2	3	4	5
Stump wrapping	0	1	2	3	4	5
Laminectomy	0	1	2	3	4	5
Assistive devices	0	1	2	3	4	5
CPM machines	0	1	2	3	4	5

IV Therapy	Experience					
Start & maintain IVs	0	1	2	3	4	5
Blood draw: venous	0	1	2	3	4	5
Central line care (PICC)	0	1	2	3	4	5
Blood draw: central line PICC	0	1	2	3	4	5
Care & management of ports	0	1	2	3	4	5
Infusion pumps	0	1	2	3	4	5
Administration of blood/blood products	0	1	2	3	4	5



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Skin	Experience					
Wound care/surgical	0	1	2	3	4	5
Wound care/medical	0	1	2	3	4	5
Dressing changes	0	1	2	3	4	5
Skin assessment	0	1	2	3	4	5
Wound vac	0	1	2	3	4	5

Age Specific Competencies	Experience					
Newborn/neonate (birth-30 days)	0	1	2	3	4	5
Infant (31 days-1 year)	0	1	2	3	4	5
Toddler (2-3 years)	0	1	2	3	4	5
Preschool (ages 4-5 years)	0	1	2	3	4	5
School age (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 13-21 years)	0	1	2	3	4	5
Young adult (ages 22-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older adult (ages 65-79 years)	0	1	2	3	4	5
Elderly (ages 80+ years)	0	1	2	3	4	5

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_