

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

Hospice Care Settings	Experience					
Home care	0	1	2	3	4	5
Inpatient hospital care	0	1	2	3	4	5
Extended care facility	0	1	2	3	4	5
Hospice Care						
Advanced directives	0	1	2	3	4	5
Restrictive devices/restraints	0	1	2	3	4	5
Lift/transfer devices	0	1	2	3	4	5
Specialty beds	0	1	2	3	4	5
Diabetes mellitus	0	1	2	3	4	5
Blood Glucose Monitoring (BGM)	0	1	2	3	4	5
Insulin administration	0	1	2	3	4	5
Pain assessment & management	0	1	2	3	4	5
Administration of narcotics/sedatives (fentanyl, Valium, Ativan, roxinal, morphine)	0	1	2	3	4	5
Use of PCA (IV, intrathecal, epidural)	0	1	2	3	4	5
Handling of narcotics in the home environment	0	1	2	3	4	5
Non-pharmacologic strategies	0	1	2	3	4	5
TENS unit	0	1	2	3	4	5
Stages of grieving	0	1	2	3	4	5
Spiritual care	0	1	2	3	4	5
Death & dying counseling	0	1	2	3	4	5
Patient & family coping skills	0	1	2	3	4	5
Patient/family teaching & resources	0	1	2	3	4	5
Quality of life & ethical decision making	0	1	2	3	4	5
Death pronouncement	0	1	2	3	4	5
After treatment (survivorship)	0	1	2	3	4	5
National Patient Safety Goals	0	1	2	3	4	5
Awareness of HCAHPS	0	1	2	3	4	5
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5

Initials _____

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)

Hospice Care Settings - cont.	Experience					
Interpretation & communication of lab values	0	1	2	3	4	5
Medication administration	0	1	2	3	4	5
Medication reconciliation	0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other	0	1	2	3	4	5
Bar coding for medications	0	1	2	3	4	5
Anticoagulation therapy	0	1	2	3	4	5
Infection control	0	1	2	3	4	5
Universal precaution	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
Pressure ulcer staging & care	0	1	2	3	4	5
Wound care	0	1	2	3	4	5
IV Skills						
Venipuncture for blood draw	0	1	2	3	4	5
Peripheral IV catheter access, maintain & discontinue	0	1	2	3	4	5
Central Venous Catheter (CVC) maintain & discontinue	0	1	2	3	4	5
Peripherally Inserted Central Catheters (PICC)	0	1	2	3	4	5
Groshong/Broviac/Hickman	0	1	2	3	4	5
Ports	0	1	2	3	4	5
Epidural catheter maintenance	0	1	2	3	4	5
Intrathecal catheter maintenance	0	1	2	3	4	5
Repair of torn/punctured catheters	0	1	2	3	4	5
Declotting occluded ports or catheters	0	1	2	3	4	5

IV Therapy	Experience					
Needleless systems	0	1	2	3	4	5
Administration of blood & blood products	0	1	2	3	4	5
Administration of chemotherapy	0	1	2	3	4	5
Monitoring chemotherapy	0	1	2	3	4	5
Administration of TPN/lipids	0	1	2	3	4	5

Physical Assessment	Experience					
Cardiovascular						
Cardiovascular assessment	0	1	2	3	4	5
Respiratory						
Respiratory assessment	0	1	2	3	4	5
Use of Incentive Spirometry (IS)	0	1	2	3	4	5

Initials _____

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)

Physical Assessment - cont.	Experience					
Use of oxygen	0	1	2	3	4	5
Application of nasal cannula	0	1	2	3	4	5
Application of face mask	0	1	2	3	4	5
Use of nebulizer	0	1	2	3	4	5
Placement of oral/NT airway	0	1	2	3	4	5
Use of ambu bag	0	1	2	3	4	5
Pulse oximetry	0	1	2	3	4	5
Oral and nasotracheal suctioning	0	1	2	3	4	5
Tracheostomy	0	1	2	3	4	5
Neurological						
Neuro assessment	0	1	2	3	4	5
Seizure precautions	0	1	2	3	4	5
Sleep assessment	0	1	2	3	4	5
Care of the patient with:						
Depression	0	1	2	3	4	5
Anxiety	0	1	2	3	4	5
Delirium	0	1	2	3	4	5
Fatigue	0	1	2	3	4	5
Gastrointestinal						
Gastrointestinal assessment (GI)	0	1	2	3	4	5
Nutritional assessment	0	1	2	3	4	5
NG tube insertion, management and discontinue	0	1	2	3	4	5
Small bore feeding tube insertion, management and discontinue	0	1	2	3	4	5
Gastrostomy/PEG tube management	0	1	2	3	4	5
Jejunostomy management	0	1	2	3	4	5
Ostomy care	0	1	2	3	4	5
Care of the patient with:						
Constipation	0	1	2	3	4	5
Nausea & vomiting	0	1	2	3	4	5
Genitourinary						
Genitourinary Assessment (GU)	0	1	2	3	4	5
Foley catheter: insert, manage & discontinue	0	1	2	3	4	5
Nephrostomy tube	0	1	2	3	4	5
Suprapubic tube	0	1	2	3	4	5
Shunts & fistulas	0	1	2	3	4	5
Care of the patient with:						
Peritoneal dialysis	0	1	2	3	4	5



Initials _____

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)

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 (ages 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
Adolescent (ages 13-21 years)	0	1	2	3	4	5
Young adult (ages 22-39 years)	0	1	2	3	4	5
Adult (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