

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

General Duties	Experience					
Awareness of HCAHPS	0	1	2	3	4	5
Administrative procedures	0	1	2	3	4	5
Admit/discharge patients	0	1	2	3	4	5
Blood glucose monitoring	0	1	2	3	4	5
Coordinate scheduling	0	1	2	3	4	5
Documentation	0	1	2	3	4	5
Dressing changes	0	1	2	3	4	5
Familiarity with advanced directives	0	1	2	3	4	5
HIPPA regulations	0	1	2	3	4	5
Isolation techniques	0	1	2	3	4	5
Observe for adverse medication reaction	0	1	2	3	4	5
Alert licensed staff of medication reaction	0	1	2	3	4	5
Patient education	0	1	2	3	4	5
Position/transfer patients	0	1	2	3	4	5
Prepare reports	0	1	2	3	4	5
Pulse oximetry	0	1	2	3	4	5
Lab draw	0	1	2	3	4	5
Screen/direct provider calls	0	1	2	3	4	5
Screen/direct patient calls	0	1	2	3	4	5
Urine dipstick	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Vital signs	0	1	2	3	4	5
Wound care	0	1	2	3	4	5
Assist with:						
Patient's health history	0	1	2	3	4	5
Patient's physical exam	0	1	2	3	4	5
Patient procedures	0	1	2	3	4	5
Diagnostic testing and procedures	0	1	2	3	4	5
Discharge instructions	0	1	2	3	4	5
Therapeutic procedures	0	1	2	3	4	5

Initials _____

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Cardiac	Experience					
Assist with emergency	0	1	2	3	4	5
Perform 12 lead EKG	0	1	2	3	4	5
Use of cardiac monitor	0	1	2	3	4	5

Vascular	Experience					
Apply/monitor noninvasive BP monitor	0	1	2	3	4	5
Intake and output	0	1	2	3	4	5
Discontinue peripheral IV	0	1	2	3	4	5
Manual BP	0	1	2	3	4	5
Phlebotomy draws	0	1	2	3	4	5

Pulmonary	Experience					
Apply nasal cannula/face mask	0	1	2	3	4	5
Incentive spirometry	0	1	2	3	4	5
O2 saturation monitor	0	1	2	3	4	5

Neurology	Experience					
Assist with lumbar puncture	0	1	2	3	4	5
Neurological evaluation	0	1	2	3	4	5
Seizure precautions	0	1	2	3	4	5

Orthopedic	Experience					
Cast care	0	1	2	3	4	5
Crutch walking	0	1	2	3	4	5
Traction	0	1	2	3	4	5

Gastrointestinal	Experience					
Assist with feeding	0	1	2	3	4	5
Nutritional evaluation	0	1	2	3	4	5
Instruct/obtain clean catch urine	0	1	2	3	4	5
Straight/Foley catheter female	0	1	2	3	4	5
Straight/Foley catheter male	0	1	2	3	4	5

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Medication Administration	Experience					
Vitamins, minerals, herbs	0	1	2	3	4	5
Antibiotics	0	1	2	3	4	5
Antifungal	0	1	2	3	4	5
Antiviral	0	1	2	3	4	5
Psychotropic	0	1	2	3	4	5
Ophthalmic medications	0	1	2	3	4	5
Aural medications	0	1	2	3	4	5
Respiratory system medications	0	1	2	3	4	5
Cardiovascular system medications	0	1	2	3	4	5
Gastrointestinal system medications	0	1	2	3	4	5
Urinary system medications	0	1	2	3	4	5
Reproductive system medications	0	1	2	3	4	5
Endocrine system medications	0	1	2	3	4	5
Musculoskeletal system medications	0	1	2	3	4	5
Nervous system medications	0	1	2	3	4	5
Immunizations						
Intramuscular (IM)	0	1	2	3	4	5
Subcutaneous (SQ)	0	1	2	3	4	5
Intradermal	0	1	2	3	4	5
Z-track	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 (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



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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

<p>The information on this and all preceding pages is true and correct.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>