
Print Name

XXX-XX-_____
Last 4 of SS #

Date Completed

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
1 - No Experience (has never done or observed)
2 - Requires Training (In-Service) - not performed within last 36 months
3 - Limited Experience (requires assistance or training) - performed within the last 24 months
4 - Experienced (routinely performs without assistance) - performed within the last 12 months
5 - Able to Supervise, Precept and Teach - performed within the last 6 months

GENERAL DUTIES	Experience
ADMIT PATIENTS	1 2 3 4 5
DISCHARGE PATIENTS	1 2 3 4 5
VITAL SIGN MONITORING	1 2 3 4 5
PULSE OXIMETRY	1 2 3 4 5
URINE DIPSTICK	1 2 3 4 5
BLOOD GLUCOSE MONITORING	1 2 3 4 5
WOUND CARE	1 2 3 4 5
DRESSING CHANGES	1 2 3 4 5
POSITIONING / TRANSFERRING	1 2 3 4 5
ISOLATION TECHNIQUES	1 2 3 4 5
DOCUMENTATION	1 2 3 4 5
REPORTING TO SUPERVISOR	1 2 3 4 5
ASSIST W/ PATIENT HEALTH HISTORY	1 2 3 4 5
ASSIST WITH PATIENT EXAMS	1 2 3 4 5
ASSIST WITH THERAP. MEASURES	1 2 3 4 5
ASSIST WITH THERAP. PROCEDURES	1 2 3 4 5
REQUEST XRAY STUDIES AS ORDERED	1 2 3 4 5

Initials

GENERAL DUTIES		Experience
REQUEST LAB STUDIES AS ORDERED		1 2 3 4 5
ASSIST WITH HEALTH EDUCATION		1 2 3 4 5
ASSIST WITH DISCHARGE INSTRUCTIONS		1 2 3 4 5
PERFORM PROCEDURES		1 2 3 4 5
PERFORM TREATMENTS		1 2 3 4 5
ASSIST WITH DIAGNOSTIC TESTING		1 2 3 4 5
ASSIST WITH DIAGNOSTIC PROCEDURES		1 2 3 4 5
OBSERVE FOR MEDICATION ADVERSE RXN		1 2 3 4 5
ALERT LICENSED STAFF TO ADVERSE RXN		1 2 3 4 5
HIPAA REGULATIONS		1 2 3 4 5
SCREEN / DIRECT PATIENT PHONE CALLS		1 2 3 4 5
RECEIVE PROVIDER CALLS		1 2 3 4 5
COORDINATE / SCHEDULE REFERRALS		1 2 3 4 5
PREPARE REPORTS AS NEEDED		1 2 3 4 5
ADMINISTRATIVE TASKS		1 2 3 4 5
OBTAIN / INSTRUCT CLEAN CATCH URINE		1 2 3 4 5
CARDIAC		Experience
USE OF CARDIAC MONITORS		1 2 3 4 5
PERFORM 12-LEAD EKG		1 2 3 4 5
TELEMETRY		1 2 3 4 5
ASSIST WITH CODE		1 2 3 4 5
ORTHOPEDIC		Experience
CRUTCH WALKING		1 2 3 4 5
TRACTION		1 2 3 4 5
CAST CARE		1 2 3 4 5
VASCULAR		Experience
APPLY NONINVASIVE BP MONITOR		1 2 3 4 5
MONITOR NONINVASIVE BP MONITOR		1 2 3 4 5
DRAW BLOOD FOR LAB STUDIES		1 2 3 4 5
DISCONTINUE PERIPHERAL IVS		1 2 3 4 5

VASCULAR	Experience
INTAKE AND OUTPUT	1 2 3 4 5
RESPIRATORY	Experience
FACE MASKS	1 2 3 4 5
NASAL CANNULA	1 2 3 4 5
INCENTIVE SPIROMETRY	1 2 3 4 5
O2 SATURATION MONITORS	1 2 3 4 5
O2 SATURATION SPOT CHECKS	1 2 3 4 5
OPEN / MONITOR AIRWAY	1 2 3 4 5
NEUROLOGY	Experience
NEUROLOGICAL EVALUATION	1 2 3 4 5
GLASCOW COMA SCALE	1 2 3 4 5
ASSIST WITH LUMBAR PUNCTURE	1 2 3 4 5
SEIZURE PRECAUTIONS	1 2 3 4 5
GASTROINTESTINAL	Experience
ASSIST WITH NUTRITIONAL EVALUATION	1 2 3 4 5
ASSIST WITH FEEDINGS	1 2 3 4 5
STRAIGHT / FOLEY CATH FEMALE	1 2 3 4 5
STRAIGHT / FOLEY CATH MALE	1 2 3 4 5
AGE APPROPRIATE CARE	Experience
NEWBORN (BIRTH-30 DAYS)	1 2 3 4 5
INFANT (30 DAYS - 1 YEAR)	1 2 3 4 5
TODDLER (1 - 3 YEARS)	1 2 3 4 5
PRESCHOOLER (3 - 5 YEARS)	1 2 3 4 5
SCHOOL AGE (5 - 12 YEARS)	1 2 3 4 5
ADOLESCENTS (12 - 18 YEARS)	1 2 3 4 5
YOUNG ADULTS (18 - 39 YEARS)	1 2 3 4 5
MIDDLE ADULTS (39 - 64 YEARS)	1 2 3 4 5
OLDER ADULTS (64+ YEARS)	1 2 3 4 5

The information represented above is true and correct to the best of my knowledge. I also authorize Specialty Professional Services, Corp to share the above skills checklist with its facility clients.

Signature

Fax: 718-225-9421

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Date Completed

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