

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 Skills	Experience					
Computer skills	0	1	2	3	4	5
Communication skills: written & verbal	0	1	2	3	4	5
Pharmacy management/operations	0	1	2	3	4	5
General order processing & drug distribution	0	1	2	3	4	5
COPE (Computerized Order Physician Entry)	0	1	2	3	4	5
Hazardous chemical protocols	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Infection control in pharmacy services	0	1	2	3	4	5
Pharmacy regulations	0	1	2	3	4	5
Implementation USP 795, 797	0	1	2	3	4	5
Familiar with OBRA 90	0	1	2	3	4	5
Hazardous & pharmaceutical waste disposal	0	1	2	3	4	5
Joint Commission National Patient Safety Goals	0	1	2	3	4	5
VTE prophylaxis & anticoagulation monitoring	0	1	2	3	4	5
Patient safety techniques (Safe Medication Practices)	0	1	2	3	4	5
Reporting of patient care incidents	0	1	2	3	4	5
Rapid response/code blue teams	0	1	2	3	4	5
Committee involvement	0	1	2	3	4	5
Medical rounds	0	1	2	3	4	5
Nursing rounds	0	1	2	3	4	5
Staff education	0	1	2	3	4	5
Patient/family teaching	0	1	2	3	4	5
Case presentations	0	1	2	3	4	5
Clinical therapeutics (Monitoring & Evaluating Drug Therapy)	0	1	2	3	4	5
Drug - drug interactions	0	1	2	3	4	5
Drug - food interactions	0	1	2	3	4	5
Disease state management	0	1	2	3	4	5
Other: Specify	0	1	2	3	4	5



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Practice Settings	Experience					
In patient - hospital	0	1	2	3	4	5
Out patient	0	1	2	3	4	5
Ambulatory care	0	1	2	3	4	5
Oncology clinic	0	1	2	3	4	5
Mail order	0	1	2	3	4	5
Home health infusion	0	1	2	3	4	5
Long-term care	0	1	2	3	4	5
Retail	0	1	2	3	4	5
Other: Specify	0	1	2	3	4	5
Practice Settings: Experience/Specialties						
Formulary management	0	1	2	3	4	5
Pediatrics	0	1	2	3	4	5
Pain management	0	1	2	3	4	5
Geriatrics	0	1	2	3	4	5
Intensive care units	0	1	2	3	4	5
Oncology	0	1	2	3	4	5
Bariatrics	0	1	2	3	4	5
Anticoagulation	0	1	2	3	4	5
Diabetic patient management	0	1	2	3	4	5
Infectious diseases	0	1	2	3	4	5
Nuclear pharmacy/dispensing	0	1	2	3	4	5
Psychiatry	0	1	2	3	4	5
Anesthesia management	0	1	2	3	4	5
Drug utilization review	0	1	2	3	4	5

Dosing	Experience					
Medication dosing for neonates/pediatrics	0	1	2	3	4	5
Medication dosing for young adult/adult/elderly/obese	0	1	2	3	4	5
Use of ideal body weight for dosing	0	1	2	3	4	5
Use of actual body weight for dosing	0	1	2	3	4	5
Unit dose: solids and oral liquids	0	1	2	3	4	5
Conversion for medications:						
Intravenous to oral	0	1	2	3	4	5
Oral to intravenous	0	1	2	3	4	5
Intravenous to intravenous (for brand changes)	0	1	2	3	4	5
Oral to oral (for brand changes)	0	1	2	3	4	5



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Dosing
Drip rate calculation: describe what method you have used to calculate and verify drip rates
Infusion rates: describe what method you have used to calculate and verify drip rates

Pharmacy Skills	Experience					
Compounding sterile preparations	0	1	2	3	4	5
Advantage system	0	1	2	3	4	5
Baxters add-a-vial	0	1	2	3	4	5
Multi-dose vials	0	1	2	3	4	5
Frozen antibiotics	0	1	2	3	4	5
TPN - initial nutritional assessment	0	1	2	3	4	5
TPN support - adjustments	0	1	2	3	4	5
Batch hood use & maintenance	0	1	2	3	4	5
Batch injection devices	0	1	2	3	4	5
Narcotic dispensing protocols	0	1	2	3	4	5
Chemotherapy	0	1	2	3	4	5
Wound care	0	1	2	3	4	5
Skin care products	0	1	2	3	4	5
Ulcer care products	0	1	2	3	4	5
Investigational drugs	0	1	2	3	4	5
Emergency pharmacy services	0	1	2	3	4	5
Other: Specify	0	1	2	3	4	5

Pharmacy Software	Experience					
Abbott	0	1	2	3	4	5
Cerner	0	1	2	3	4	5
McKesson	0	1	2	3	4	5
Meditech	0	1	2	3	4	5
Access	0	1	2	3	4	5
Baxter/Sure Med	0	1	2	3	4	5
Pyxis	0	1	2	3	4	5
BAXA	0	1	2	3	4	5
Parata	0	1	2	3	4	5
PharmASSIST	0	1	2	3	4	5
Other	0	1	2	3	4	5



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Age Specific Competencies	Experience					
Newborn (birth to 30 days)	0	1	2	3	4	5
Infant (30 days to 1 year)	0	1	2	3	4	5
Toddler (ages 1-3 years)	0	1	2	3	4	5
Preschooler (ages 3-5 years)	0	1	2	3	4	5
Childhood (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 12-21 years)	0	1	2	3	4	5
Young Adults (ages 21-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older Adults (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