

**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 \_\_\_\_\_

Ambulating	Experience					
Cane	0	1	2	3	4	5
Walker	0	1	2	3	4	5
Standby assistant	0	1	2	3	4	5

Personal Care	Experience					
Shampoo	0	1	2	3	4	5
Nail care	0	1	2	3	4	5
Oral hygiene	0	1	2	3	4	5
Shaving safety/electric razor	0	1	2	3	4	5
Dressing assist/complete	0	1	2	3	4	5
Reinaeal care (male and female)	0	1	2	3	4	5
<b>Skin Care</b>						
Bath, bed, tub and shower	0	1	2	3	4	5
Applying lotion	0	1	2	3	4	5
Back rub	0	1	2	3	4	5
Decubitus care	0	1	2	3	4	5

Environment	Experience					
<b>Linen Change</b>						
Unoccupied bed	0	1	2	3	4	5
Occupied bed	0	1	2	3	4	5

Nutrition/Hydration	Experience					
Light housekeeping	0	1	2	3	4	5
Encourage fluids	0	1	2	3	4	5
Assist in feeding	0	1	2	3	4	5
Feeding techniques	0	1	2	3	4	5
Meal/snack prep	0	1	2	3	4	5
Measure and record intake	0	1	2	3	4	5



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Infection Control	Experience					
Hand washing	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5

Bowel and Bladder (Elimination)	Experience					
Bed pan/urinal and fracture pan	0	1	2	3	4	5
Bedside commode	0	1	2	3	4	5
Measure and record output	0	1	2	3	4	5
Foley catheter care	0	1	2	3	4	5
External catheter care	0	1	2	3	4	5
Enemas tab H2O, fleets, soap suds	0	1	2	3	4	5

Transfer Techniques	Experience					
Gail belt	0	1	2	3	4	5
Weight bearing	0	1	2	3	4	5
2 person transfer	0	1	2	3	4	5
Slide board	0	1	2	3	4	5
Wheelchair	0	1	2	3	4	5
Sara Lift - Sit to Stand, Maxi-Lift - Hoyer						
Hoyer	0	1	2	3	4	5

Positioning/Turning	Experience					
Supine	0	1	2	3	4	5
Side lying	0	1	2	3	4	5
Use of draw sheet	0	1	2	3	4	5
Range of motion exercises	0	1	2	3	4	5
In chair	0	1	2	3	4	5

Take and Record Vital Signs	Experience					
Pulse apical, radial, carotid	0	1	2	3	4	5
Temperature - axillary, oral, rectal	0	1	2	3	4	5
Respirations	0	1	2	3	4	5
Blood pressure	0	1	2	3	4	5
Height and weight	0	1	2	3	4	5

Communications	Experience					
Verbal/nonverbal with impaired patient	0	1	2	3	4	5
Awareness of HCAHPS	0	1	2	3	4	5



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Specimen Collections	Experience					
Urine	0	1	2	3	4	5
Stool	0	1	2	3	4	5
Sputum	0	1	2	3	4	5

Observations/Reporting/Documentation	Experience					
Change in body functions	0	1	2	3	4	5
Change in behavior	0	1	2	3	4	5
Change in routines	0	1	2	3	4	5

Safety Devices	Experience					
Vest restraint	0	1	2	3	4	5
Soft ankle	0	1	2	3	4	5
Wrist restraints	0	1	2	3	4	5
Padded side rails	0	1	2	3	4	5

Medication Reminders	Experience					
Verbal prompts	0	1	2	3	4	5
Inquire if medication taken	0	1	2	3	4	5

Oxygen Therapy	Experience					
Flow rate	0	1	2	3	4	5
Water to humidifier	0	1	2	3	4	5
Cannula/mask placement	0	1	2	3	4	5

Management	Experience					
Bedside computer charting	0	1	2	3	4	5
Care plans	0	1	2	3	4	5
Central station entry/retrieval	0	1	2	3	4	5
Delegation	0	1	2	3	4	5
Medical information system	0	1	2	3	4	5
Patient confidentiality/rights	0	1	2	3	4	5
<b>Documentation</b>						
Flow sheets	0	1	2	3	4	5
Narrative notes	0	1	2	3	4	5
SOAP	0	1	2	3	4	5



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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