

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

Dysrhythmia Interpretation	Experience					
Asystole	0	1	2	3	4	5
AV dissociation	0	1	2	3	4	5
AV junctional	0	1	2	3	4	5
Atrial fibrillation	0	1	2	3	4	5
Atrial flutter	0	1	2	3	4	5
Normal sinus rhythm	0	1	2	3	4	5
Premature atrial contractions	0	1	2	3	4	5
Premature ventricular contractions	0	1	2	3	4	5
Sick sinus syndrome	0	1	2	3	4	5
Sinus arrhythmia	0	1	2	3	4	5
Sinus bradycardia	0	1	2	3	4	5
Sinus tachycardia	0	1	2	3	4	5
Supraventricular Tachycardia (SVT)	0	1	2	3	4	5
Ventricular fibrillation	0	1	2	3	4	5
Ventricular tachycardia	0	1	2	3	4	5
Junctional tachycardia	0	1	2	3	4	5
Premature junctional contractions	0	1	2	3	4	5
Accelerated idioventricular rhythm	0	1	2	3	4	5
Torsades de Pointes	0	1	2	3	4	5
Accelerated junctional rhythm	0	1	2	3	4	5
Paced rhythms - atrial	0	1	2	3	4	5
Paced rhythms - ventricular	0	1	2	3	4	5
Heart Blocks (AV Blocks)						
First degree heart block	0	1	2	3	4	5
Second degree heart block: Mobitz I (Wenckebach)	0	1	2	3	4	5
Second degree heart block: Mobitz II	0	1	2	3	4	5
Third degree heart block	0	1	2	3	4	5



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Initials _____

General	Experience					
Print rhythm strips & document interpretation on flow sheet/chart	0	1	2	3	4	5
Maintain rhythm strips in patient's chart	0	1	2	3	4	5
Notify MD or RN or charge RN of any change in patient's rhythm	0	1	2	3	4	5
Perform 12 lead EKG	0	1	2	3	4	5
Assure patient's leads are clean and functional	0	1	2	3	4	5
Assures proper lead placement	0	1	2	3	4	5
Printing 12 lead EKGs	0	1	2	3	4	5
Interpreting 12 lead EKG	0	1	2	3	4	5
Perform regular equipment maintenance (ex., cleansing, battery changes, etc.)	0	1	2	3	4	5
Awareness of HCACPS	0	1	2	3	4	5

Certifications	Experience					
BCLS	0	1	2	3	4	5
ACLS	0	1	2	3	4	5
PALS	0	1	2	3	4	5
Neonatal resuscitation	0	1	2	3	4	5
IV certification	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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Initials _____

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