

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					
Advanced directives	0	1	2	3	4	5
Patient/family teaching	0	1	2	3	4	5
Restrictive devices (restraints)	0	1	2	3	4	5
Lift/transfer devices	0	1	2	3	4	5
Specialty beds	0	1	2	3	4	5
End of life care/palliative care	0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other	0	1	2	3	4	5
Bar coding for medication administration	0	1	2	3	4	5
Checks & marks distal pulses	0	1	2	3	4	5
Performs allen test	0	1	2	3	4	5
Medication Administration						
Emergency meds (ACLS)	0	1	2	3	4	5
Antiarrhythmics	0	1	2	3	4	5
Antibiotics	0	1	2	3	4	5
Antihistamines	0	1	2	3	4	5
Beta blockers	0	1	2	3	4	5
Nitrates	0	1	2	3	4	5
Vasopressors	0	1	2	3	4	5
Thrombolytics	0	1	2	3	4	5
Contrast medium	0	1	2	3	4	5
Pre-procedure						
Completion of pre-procedure checklist	0	1	2	3	4	5
Skin prep & shave	0	1	2	3	4	5
Lead placements	0	1	2	3	4	5
Post-procedure						
Monitoring (procedure specific & documentation)	0	1	2	3	4	5
Sedation recovery scale (facility specific)	0	1	2	3	4	5
Maintain & monitor A/V sheaths	0	1	2	3	4	5
Set up & maintain arterial catheters	0	1	2	3	4	5
Set up & maintain Swan Ganz catheter	0	1	2	3	4	5