



HEALTH CARE RECRUITERS

www.unihcr.com

Name: _____

Date: _____

Classification: _____

Total Years experience: _____

Clinical area of Competence with past 3 years: _____

Type of Unit	Size of Unit	
Have you Traveled Before?	Yes	No
Expertise/Experience Not Listed:		

INSTRUCTIONS: This checklist is meant to serve as general guideline for our client facilities as to the Level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

0 = Never Performed 1= Limited Experience 2= Comfortable Performing 3= Proficient

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

EXPERIENCE	SKILL LEVEL					SKILL LEVEL			
	0	1	2	3		0	1	2	3
Neuro (NEURO)					Rigid Proctoscopy				
Cardiovascular (CARDIO)					Sphincterotomy				
Telemetry (TELE)					ASSESSORY EQUIPMENT				
Respiratory (RESP)					Cytology Brushes				
GastroIntestinal (GI)					Decompression Tubes				
Renal (GU)					Dilators:				
Substance Abuse					Balloon				
Orthopedic (ORTHO)					Maloney				
Burns					Savory				
Abuse/Violence					Forceps				
CHARTING					Foreign Body Equipment				
Computerized					Polyp Snares				
DARE					Valley Lab BX				
APIE					BLEEDER CART EQUIPMENT				
SOAPIE					Bicap Unit				
FOCUS					Code Blue Lavage Kit				
Discharge Planning					Endo Pump				
PROCEDURES					Esophageal Banding				
Assist or Knowledge of:									
Anoscopy									
Bronchoscopy									
Colonoscopy									
EGD									
ERCP									
Flexible Sigmoidoscopy									
Proper Assessment and Documentation of Conscious Sedation Record									

GASTROENTEROLOGY/ENDOSCOPY CARE SKILLS CHECKLIST

Name _____

Date _____

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL PROCEDURES / EQUIPMENT IN LAST 12 MONTHS.

GASTROINTESTINAL FEEDING TUBES

	SKILL LEVEL			
	0	1	2	3
Jejunal Tubes				
Naso-Enteric Tubes				
Peg Insertion Equipment				
Replacement Gastrostomy Buttons				
Replacement Gastrostomy Tubes				
ERCP				
Equipment and Stock				
Papillotomy				
Som Procedure				
Stent Placement				

ADDITIONAL SKILLS

Please list any experience or skills not previously listed

SPECIMEN COLLECTION

Biopsies
 Cytology
 Immuno Suppressed Protocol

MANOMETRY AND DIAGNOSTIC TESTING

24 Hour PH Ambulatory Study
 Esophageal Manometry
 Liver BX
 Paracentesis

PEDIATRIC PROCEDURES

Pediatric Peg Cart
 Proper EGD Scopes According to Age
 Specific Equipment for Pediatric Scopes

CLEANING

Proper Scope Cleaning
 Proper Use of Scope Washers
 Storing Scopes
 Use of Leak Tester

EQUIPMENT

Please list any equipment not previously listed

UNITS WORKED

Outpatient Department
 Freestanding Clinic
 Total Number of Years

Name _____

Date _____

<u>Age Specific Skills</u>	Neonates (0-30 days)	Infants (1 mo- 1 yr)	Toddlers (1-3 yrs)	Preschool (4-6 yrs)	School Age (7-12 yrs)	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adults (65+ yrs)
Check the box under EACH age group that you have experience with and are comfortable with for each skill below.									
Understands the different communication needs for the age group & changes communication methods and terminology accordingly									
Understands the different medications, dosages and possible side effects for the age group and administers medications appropriately									
Understands the different safety risks for the age group and alters the environment accordingly									
Understands the normal growth and development for the age group and adapts care accordingly									

I hereby certify that ALL information I have provided to UNI, on this skills checklist and all other documentation, is true and accurate.

I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature _____

Date _____

FAX TO (877) 970-5777