



Name: _____

Clinical area of Competence with past 3 years: _____

Date: _____

Type of Unit	Size of Unit	
Have you Traveled Before?	Yes	No

Classification: _____

Expertise/Experience Not Listed: _____

Total Years experience: _____

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.

YOUR CURRENT CERTIFICATION IS:

ACLS Expires: _____

BCLS Expires: _____

CPR Expires: _____

Computerized Charting System
Name: _____

Ability to adapt care to incorporate normal growth and development.

Ability to adapt method and terminology of patient instructions to their age, comprehension and maturity level.

Can ensure a safe environment reflecting specific needs of various age groups.

SKILL LEVEL
0 1 2 3

EQUIPMENT

- GE .5
- GE 1.0
- GE 1.5
- Hitachi .5
- Hitachi 1.0
- Hitachi 1.5
- Phillips .5
- Phillips 1.0
- Phillips 1.5
- Picker .5
- Picker 1.0
- Picker 1.5
- Siemens .5
- Siemens 1.0
- Siemens 1.5
- Toshiba .5
- Toshiba 1.0
- Toshiba 1.5
- Other:
- Other:
- Other:
- Other:

SKILL LEVEL
0 1 2 3

GENERAL DIAGNOSTIC

- Abdomen
- Abdominal arteriogram
- Air-contrast barium enema
- Angioplasty
- Arch arteriogram
- Barium enema
- Barium swallow/small bowel series
- Bone density
- Brachial arteriogram
- Bronchogram
- C-arm fluroscope

RADIOLOGY SKILLS CHECKLIST

Name: _____

Date: _____

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

	SKILL LEVEL			
	0	1	2	3
ULTRASOUND				
Popliteal				
Renal				
Thyroid				
Transrectal procedures				
Transvaginal procedures				
UGI and small bowel				
Venogram				
RADIATION THERAPY				
Cobalt 60 therapy				
Dosimetry				
Hypothermia treatment				
Linear accelerator with electrons				
Linear accelerator				
Ortho voltage radiation treatment				
Simulation of treatment sites				
Strontium				
90 therapy				
Superficial radiation treatment				
Treatment planning				
MRI TECHNOLOGIST				
Gradient echo imaging				
Multiplanar reconstruction				
Partial saturation images				
Echo-spin images				
Surface coils				
T-1 weighted images				
T-2 weighted images				

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