

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	Experience					
General			Experience					
Locked unit			0	1	2	3	4	5
Unlocked unit			0	1	2	3	4	5
Safety checks			0	1	2	3	4	5
Reporting observations to RN			0	1	2	3	4	5
Elopement assessment/precautions			0	1	2	3	4	5
Suicide assessment/precautions			0	1	2	3	4	5
Escorting patients to off unit areas			0	1	2	3	4	5
Knowledge/implementation of patient rights			0	1	2	3	4	5
Limit setting			0	1	2	3	4	5
Privilege levels			0	1	2	3	4	5
Search for/report contraband			0	1	2	3	4	5
Seizure precautions			0	1	2	3	4	5
Structure of free time			0	1	2	3	4	5
Assist with physical exam			0	1	2	3	4	5
Implementation of treatment/behavioral plan			0	1	2	3	4	5
Documentation of treatment/behavioral plan			0	1	2	3	4	5
Recognition of deviation for "normal"			0	1	2	3	4	5
Reporting observations to nursing staff			0	1	2	3	4	5
Assist with O.T.			0	1	2	3	4	5
Assist with recreational therapy			0	1	2	3	4	5
Universal precautions			0	1	2	3	4	5
Preventative management of aggressive behavior			0	1	2	3	4	5
Patient teaching per treatment plan (supervised by RN)			0	1	2	3	4	5
Model and team appropriate social skills			0	1	2	3	4	5
Assist with patient discharge			0	1	2	3	4	5
Basic first aid			0	1	2	3	4	5
Awareness of HCAHPS			0	1	2	3	4	5
Specimen Collection								
Urine			0	1	2	3	4	5
Urine: clean catch			0	1	2	3	4	5
Stool			0	1	2	3	4	5
Sputum			0	1	2	3	4	5



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General - cont.	Experience					
Communication						
With nursing staff	0	1	2	3	4	5
With medical staff	0	1	2	3	4	5
With other staff	0	1	2	3	4	5
With patient	0	1	2	3	4	5
With family/friends of patient	0	1	2	3	4	5
Care of Patient in Restraints						
Application	0	1	2	3	4	5
Patient rights	0	1	2	3	4	5
Monitoring	0	1	2	3	4	5
Assessment for continuance	0	1	2	3	4	5
Physical assessment	0	1	2	3	4	5
Termination	0	1	2	3	4	5
Documentation	0	1	2	3	4	5
Care of Patient in Seclusion						
Initiation	0	1	2	3	4	5
Patient rights	0	1	2	3	4	5
Face to face monitoring	0	1	2	3	4	5
Video monitoring	0	1	2	3	4	5
Assessment for continuation	0	1	2	3	4	5
Physical assessment	0	1	2	3	4	5
Documentation	0	1	2	3	4	5
Assist with P.T.						
Active R.O.M.	0	1	2	3	4	5
Passive R.O.M.	0	1	2	3	4	5
Crisis Intervention						
Verbal management	0	1	2	3	4	5
Physical management	0	1	2	3	4	5
Take and Record Vital Signs						
Pulse	0	1	2	3	4	5
Respirations	0	1	2	3	4	5
Temperature	0	1	2	3	4	5
Blood pressure	0	1	2	3	4	5



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Medications	Experience
Knowledge of Actions/Adverse Effects	
Alcohol antagonist	0 1 2 3 4 5
Antianxiety	0 1 2 3 4 5
Antidepressant	0 1 2 3 4 5
Antihypertensive	0 1 2 3 4 5
Antimania	0 1 2 3 4 5
Anitparkinsonian	0 1 2 3 4 5
Sedative/hypnotic	0 1 2 3 4 5

Patient Hygiene	Experience
Assist and/or teach patient in:	
Oral care	0 1 2 3 4 5
Bathing	0 1 2 3 4 5
Shaving	0 1 2 3 4 5
Catheter care	0 1 2 3 4 5
Hearing aid	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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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