

_____ XXX-XX-_____

Print Name **Last 4 of SS #** **Date Completed**

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 |
|--|
| 1 - No Experience (has never done or observed) |
| 2 - Requires Training (In-Service) - not performed within last 36 months |
| 3 - Limited Experience (requires assistance or training) - performed within the last 24 months |
| 4 - Experienced (routinely performs without assistance) - performed within the last 12 months |
| 5 - Able to Supervise, Precept and Teach - performed within the last 6 months |

| CARDIOVASCULAR | Experience |
|---|------------|
| ASSESSMENT OF HEART SOUNDS | 1 2 3 4 5 |
| INTERPRET BASIC ARRHYTHMIAS | 1 2 3 4 5 |
| CAN PERFORM EMERGENCY DEFIBRILLATION | 1 2 3 4 5 |
| CONTROLLED CARADIOVERSION | 1 2 3 4 5 |
| CVP MONITORING VIA WATER MANOMETER | 1 2 3 4 5 |
| RADIAL ART LINE (SET-UP & MONITOR) | 1 2 3 4 5 |
| INTERPRETATION OF CARDIAC ENZYMES & ISO ENZYMES | 1 2 3 4 5 |
| INTERPRETATION OF COAGS (PTT, PT, ACT) | 1 2 3 4 5 |
| THROMBOLYTIC STUDIES | 1 2 3 4 5 |
| ELECTROPHYSIOLOGICAL STUDIES (ABLATIONS) | 1 2 3 4 5 |
| CARDIAC REHAB-PATIENT TEACHING | 1 2 3 4 5 |
| CHEST TUBES | 1 2 3 4 5 |
| INVASIVE PROCEDURES | Experience |
| VALVULOPLASTY | 1 2 3 4 5 |
| INTRACORONARY STENT PLACEMENT | 1 2 3 4 5 |
| ROTOBLATION | 1 2 3 4 5 |
| HEART BIOPSIES | 1 2 3 4 5 |

Initials

| INVASIVE PROCEDURES | Experience |
|---|-------------------|
| PERICARDIAL TAPS | 1 2 3 4 5 |
| ATHERECTOMIES | 1 2 3 4 5 |
| TEMPORARY PACEMAKERS | 1 2 3 4 5 |
| PERMANENT PACEMAKERS | 1 2 3 4 5 |
| INTRACORONARY STENTS | 1 2 3 4 5 |
| IABP(INTRA AORTIC BALLOON PUMP) | 1 2 3 4 5 |
| PEDIATRIC CARDIAC CATHETERIZATION | 1 2 3 4 5 |
| ADMINISTERING FIRST LINE EMERGENCY DRUGS | Experience |
| ATROPINE | 1 2 3 4 5 |
| EPINEPHRINE | 1 2 3 4 5 |
| LIDOCAINE | 1 2 3 4 5 |
| BRETYLIUM | 1 2 3 4 5 |
| ADMINISTERING DRIPS | Experience |
| HEPARIN | 1 2 3 4 5 |
| NITROGLYCERINE | 1 2 3 4 5 |
| NIPRIDE (NITROPRUSSIDE) | 1 2 3 4 5 |
| VERAPAMIL (CALAN,ISOPTIN,VERELAN) | 1 2 3 4 5 |
| DOPAMINE (INOTROPIN) | 1 2 3 4 5 |
| CARIDAZEM (DILITIAZEM HYDROCHLORIDE) | 1 2 3 4 5 |
| NEUROLOGICAL | Experience |
| ASSESSMENT OF LOC | 1 2 3 4 5 |
| SEIZURE PRECAUTIONS | 1 2 3 4 5 |
| TREATING HYPO / HYPERTHERMIA | 1 2 3 4 5 |
| TREATING EMPHYSEMA | 1 2 3 4 5 |
| STATUS ASTHMATICUS | 1 2 3 4 5 |
| TREATING ARDS | 1 2 3 4 5 |
| POST THORACOTOMY | 1 2 3 4 5 |
| SEDATION MONITORING | 1 2 3 4 5 |
| ALZHEIMER'S | 1 2 3 4 5 |
| OVERDOSE | 1 2 3 4 5 |

| NEUROLOGICAL | Experience |
|---|-------------------|
| IN RESTRAINTS | 1 2 3 4 5 |
| GASTROINTESTINAL | Experience |
| BOWEL SOUND ASSESSMENT | 1 2 3 4 5 |
| INSERTION OF NASOGASTRIC TUBE | 1 2 3 4 5 |
| INFUSION THERAPY | Experience |
| IV INSERTION | 1 2 3 4 5 |
| PHLEBOTOMY | 1 2 3 4 5 |
| ADMINISTRATION OF BLOOD & BLOOD PRODUCTS | 1 2 3 4 5 |
| CENTRAL LINE (HICKMAN, BROVIAC, GROSHONG, PICC) | 1 2 3 4 5 |
| USE OF INFUSION PUMPS | 1 2 3 4 5 |
| MIX / ADMINISTER IV MEDS | 1 2 3 4 5 |
| PCA PUMPS | 1 2 3 4 5 |
| TITRATION OF DRIPS | 1 2 3 4 5 |
| PULMONARY | Experience |
| ASSESSMENT OF BREATH SOUNDS | 1 2 3 4 5 |
| ASSESSMENT OF BREATHING PATTERNS | 1 2 3 4 5 |
| PULSE OXIMETRY | 1 2 3 4 5 |
| OROPHARYNGEAL SUCTIONING | 1 2 3 4 5 |
| TRACHEOSTOMY SUCTIONING | 1 2 3 4 5 |
| SPUTUM SPECIMEN COLLECTION VIA SUCTIONING | 1 2 3 4 5 |
| ESTABLISHING AN AIRWAY | 1 2 3 4 5 |
| INTERPRETATION OF ABG'S | 1 2 3 4 5 |
| AMBUING TECHNIQUES | 1 2 3 4 5 |
| ASSIST W/ INTUBATION & EXTUBATION | 1 2 3 4 5 |
| PULMONARY EDEMA | 1 2 3 4 5 |
| PULMONARY EMBOLI | 1 2 3 4 5 |
| RENAL | Experience |
| INSERTION OF STRAIGHT & FOLEY CATHETERS | 1 2 3 4 5 |
| 3 WAY FOLEY / BLADDER IRRIGATION MANAGEMENT | 1 2 3 4 5 |

| AGE APPROPRIATE CARE | Experience |
|-------------------------------|------------|
| NEWBORN (BIRTH-30 DAYS) | 1 2 3 4 5 |
| INFANT (30 DAYS - 1 YEAR) | 1 2 3 4 5 |
| TODDLER (1 - 3 YEARS) | 1 2 3 4 5 |
| PRESCHOOLER (3 - 5 YEARS) | 1 2 3 4 5 |
| SCHOOL AGE (5 - 12 YEARS) | 1 2 3 4 5 |
| ADOLESCENTS (12 - 18 YEARS) | 1 2 3 4 5 |
| YOUNG ADULTS (18 - 39 YEARS) | 1 2 3 4 5 |
| MIDDLE ADULTS (39 - 64 YEARS) | 1 2 3 4 5 |
| OLDER ADULTS (64+ YEARS) | 1 2 3 4 5 |

The information represented above is true and correct to the best of my knowledge. I also authorize Specialty Professional Services, Corp to share the above skills checklist with its facility clients.

Signature

Fax: 718-225-9421

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Date Completed

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