

Histology Skills Self-Assessment



FREQUENCY OF PRACTICE

- 1) Frequently (daily or weekly)
- 2) Consistently (1 - 2 times/month)
- 3) Occasionally (<6 times/year)
- 4) Never or Observed Only

APPLICANT'S NAME: _____ DATE: _____

	Frequency			
	1	2	3	4
General Skills				
1. Specimen Logging				
2. Gross Exam				
3. Routine Bedding / Proper Specimen Orientation				
4. Routine Sectioning				
5. Routine Coverslipping				
6. Routine H and E Stains				
7. Immuno Peroxidase Stain				
8. Routine Special Stains				
9. Frozen Sections - Cryostat				
10. Assist Pathologist with autopsies				
11. Perform quality control and maintenance according to lab procedures				
12. Knife sharpening - manual				
13. Cytology preparation				

	Frequency			
	1	2	3	4
Equipment				
Please List:				
1.				
2.				
3.				
Professional Certifications				
1. ASCP #				
2. NCA #				
3. Other:				
4. Other:				
Other Certifications				
1. BLS/CPR				
2. Other:				
3. Other:				

The information I have provided is true and accurate to the best of my knowledge. In addition, I hereby authorize TechGroup Inc. to release this Skills Self-Assessment to client facilities, in relation to my employment.

Applicant's Signature _____ Date _____

Thank you for completing this important Skills Self-Assessment. This information helps administrative staff determine which candidate's clinical skills best match departmental needs. Your candid, thoughtful and honest responses are vital to our mission—to benefit hospital administration and staff, traveling healthcare professionals and, most of all, patients. We look forward to working with you!