

## Competencies/Skills Checklist Rev 4.21.22

*This document is an evaluation of the EMPLOYEE's performance pertaining to their job duties and competencies outlined in the Scope of Service for their classification and an outline for on the job training for new hires.*

**Note that a family member may not be an evaluator for your Skills Checklist.**

- Must be completed within the last year.
  - If training is needed, must supply a hard date for re-evaluation on the form and submit a new checklist upon completion/re-evaluation to ensure competency and proper training in their position
- The Title of the evaluator must be clear and legible or will be rejected.
- Must be signed by Evaluator
- Evaluation may be completed by: Clinical leader, Employer/Human Resources, Supervisor, Sponsoring Physician if **EMPLOYEE** is self-employed
- Forms must be filled out in their entirety
- Supporting documentation may be attached (if applicable)

### Company does NOT have a standardized checklist:

- Experienced employees will complete Section A.
- Newly hired employees will complete both Sections A and B.

### Company has a standardized checklist:

- If company has a standardized checklist (same/similar) to use for experienced and/or newly hired EMPLOYEES, that document may be submitted to satisfy the credential.
  - **NEWLY HIRED EMPLOYEE:s** who have not achieved/passed/completed **training required for the position** (not the company related training), would need to complete a checklist that contains a detailed plan for on the job training (OJT) that includes the list of missing skills that will be attained during OJT, as well as a reevaluation date. The re-evaluation date is necessary so that HealthTrust may follow up and retrieve an up to date Skills Checklist. This will then confirm the competency of the EMPLOYEE: If the documentation does not include this piece, then the company needs to complete Section B (page 3) of the HealthTrust Skills Checklist document and submit with their company documentation.



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**If completing the Skills Checklist for Section A only, sign below.**

**If completing section A and B, sign on the next page.**

*I acknowledge and attest that the employee mentioned has demonstrated competency within their scope of service.*

Signature of Employee Being Evaluated:		Date:	
<b>EVALUATOR INFORMATION</b> <i>Where requested to print, please do so legibly.</i> <i>Note that a family member may not be an evaluator for your Skills Checklist</i>			
Print Name of Evaluator:			
Signature of Evaluator:		Date:	
Evaluator <b>Clinical</b> Title:			
Print Company name:			

## Section B – Newly Hired Employees Requiring Additional Training

This section should be completed in full by the EMPLOYEE's agency or person responsible for providing on the job training to new hires.

<b>Date of Assessment:</b>	
<b>EMPLOYEE: Name and Classification:</b>	

**Provide detailed plan for on the job training: (include milestones/timing) List missing skills to be attained during on the job training:**

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**Who will administer/oversee the training?**

	Contact Name	Title/Department
<i>Mentor/Proctor Provided by Agency:</i>		
<i>Mentor/Proctor Provided by Facility:</i>		

**Date of Re-Assessment:** \_\_\_\_\_ **Note this cannot be more than 90 days from the date of the original assessment.**

*I acknowledge and attest that the employee mentioned has demonstrated competency within their scope of service.*

<b>Signature of Employee Evaluated:</b>		<b>Date:</b>	
<b>EVALUATOR INFORMATION</b> <i>Where requested to print, please do so legibly.</i> <i>Note that a family member may not be an evaluator for Employee's Skills Checklist</i>			
<b>Print Name of Evaluator:</b>			
<b>Signature of Evaluator:</b>		<b>Date:</b>	
<b>Evaluator <b>Clinical</b> Title:</b>			
<b>Print Company name:</b>			