COMPETENCY ASSESSMENT FORM – SKILLED NURSING PROFESSIONAL

Employee Name: Alexandria Abraham **Date:** 11/3/25

Assessment Type: ☒ Initial ☐ Annual **Designation:** ☒ RN ☐ LPN/LVN

Work Setting Key : Home (H), Lab (L), Facility (F) **Verification Method Key:** Demonstration (D), Written Test (W), Oral Exam (O)

Competency Area	Work Setting	Verification Method	Employee Initials	Evaluator Initials	Date	Not Applicable (N/A)
Patient & Environmental Safety						
Emergency Response Procedures	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Fire Prevention & Safety	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Fall Risk Mitigation	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Proper Lifting Techniques	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Infection Prevention & Control						
Hand Hygiene Compliance	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Standard & Universal Precautions	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Personal Protective Equipment Usage	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Safe Handling & Disposal of Materials	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Medical Documentation						
Reading & Interpreting Physician Orders	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Accurate & Timely Record-Keeping	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐

Competency Area	Work Setting	Verification Method	Employee Initials	Evaluator Initials	Date	Not Applicable (N/A)
Neurological Care						
Seizure Management Protocols	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Vagal Nerve Stimulator (VNS) Usage	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Wound Management						
Advanced Wound Care Techniques	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Negative Pressure Wound Therapy	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Respiratory Support & Airway Management						
Tracheostomy Maintenance & Suctioning	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Oxygen Therapy Administration	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Ventilator Monitoring & Support	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Inhaled Medication (Nebulizer) Delivery	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Gastrointestinal & Nutritional Care						
Nasogastric Tube Placement	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Gastrostomy Tube Maintenance	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Colostomy/Ileostomy Care	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Bowel Management Program	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Urinary & Renal Procedures						
Catheterization Techniques	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐
Suprapubic Catheter Maintenance	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	[signature]	11/19	☐

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Peritoneal Dialysis Process	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	—	SL	—	☒
Specimen Collection & Laboratory Tasks						
Venipuncture & Blood Draws	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
Urine, Stool, & Wound Sample Collection	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
Blood Glucose Monitoring	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
IV Therapy & Medication Administration						
IV Line Insertion & Central Line Care	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
Total Parenteral Nutrition (TPN) Infusion	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
Chemotherapy & Specialty Infusions	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	—	—	—	☒
Additional Clinical Skills						
Cardiopulmonary Resuscitation (CPR)	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
Medication Reconciliation & Safety	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	AA	SL	11/19	☐
Mechanical Lift Utilization	☐ H ☑ L ☐ F	☐ D ☐ W ☑ O	—	—	—	☒

Employee Signature: _____ **Initials:** AA

RN Evaluator #1 Signature: _____ MSN RN **Initials:** SL

RN Evaluator #2 Signature: _____ **Initials:** _____