

COMPETENCY ASSESSMENT FORM – SKILLED NURSING PROFESSIONAL

Employee Name: Alexandra Abraham Date: 11/2/25

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	82	11/19	☐
Fire Prevention & Safety	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Fall Risk Mitigation	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Proper Lifting Techniques	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Infection Prevention & Control										
Hand Hygiene Compliance	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Standard & Universal Precautions	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Personal Protective Equipment Usage	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Safe Handling & Disposal of Materials	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Medical Documentation										
Reading & Interpreting Physician Orders	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐
Accurate & Timely Record-Keeping	☐ H	☒ L	☐ F	☐ D	☐ W	☒ O	AA	82	11/19	☐

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Neurological Care						
Seizure Management Protocols	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Vagal Nerve Stimulator (VNS) Usage	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Wound Management						
Advanced Wound Care Techniques	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Negative Pressure Wound Therapy	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Respiratory Support & Airway Management						
Tracheostomy Maintenance & Suctioning	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Oxygen Therapy Administration	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Ventilator Monitoring & Support	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Inhaled Medication (Nebulizer) Delivery	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Gastrointestinal & Nutritional Care						
Nasogastric Tube Placement	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Gastrostomy Tube Maintenance	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Colostomy/Ileostomy Care	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Bowel Management Program	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Urinary & Renal Procedures						
Catheterization Techniques	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐
Suprapubic Catheter Maintenance	☐ H ☒ L ☐ F	☐ D ☐ W ☒ O	AA	SL	11/19	☐

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

Employee Signature: [Signature] Initials: AA

RN Evaluator #1 Signature: [Signature] Initials: SL

RN Evaluator #2 Signature: _____ Initials: _____