

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	
0	Not Applicable
1	No Experience
2	Some Experience (Require Assistance)
3	Intermittent Experience (May Require Assistance)
4	Experienced (Performs without Assistance)
5	Very Experienced (Able to Teach/Supervise)

Print Name

Last 4 Digits of SS#

Date

Work Settings	Experience					
Acute care	0	1	2	3	4	5
Children's hospital	0	1	2	3	4	5
Daily treatment center	0	1	2	3	4	5
Home health care	0	1	2	3	4	5
Inpatient acute rehab	0	1	2	3	4	5
Neonatal intensive care	0	1	2	3	4	5
Outpatient/outpatient community re-entry	0	1	2	3	4	5
Pediatrics	0	1	2	3	4	5
Psychiatric hospital	0	1	2	3	4	5
Private practice	0	1	2	3	4	5
School setting	0	1	2	3	4	5
Early intervention	0	1	2	3	4	5
Skilled nursing facility	0	1	2	3	4	5

Patient Populations	Experience					
Geriatrics	0	1	2	3	4	5
Hearing impaired	0	1	2	3	4	5
Learning disabilities	0	1	2	3	4	5
Pediatrics/school age	0	1	2	3	4	5
Progressive neurologic disease	0	1	2	3	4	5
Trachs/ventilators	0	1	2	3	4	5
Transient Ischemic Attach (TIA)	0	1	2	3	4	5
Traumatic brain injury	0	1	2	3	4	5
Voice/laryngectomy	0	1	2	3	4	5

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Assessment Tools	Experience					
Boston assessment of severe aphasia	0	1	2	3	4	5
Boston diagnostic aphasia examination	0	1	2	3	4	5
Minnesota test for differential diagnosis of aphasia	0	1	2	3	4	5
Informal testing	0	1	2	3	4	5
Porch index of communicative abilities	0	1	2	3	4	5
Reading comprehension battery for aphasia	0	1	2	3	4	5
Ross information processing assessment-geriatric	0	1	2	3	4	5
Western aphasia battery	0	1	2	3	4	5
Bedside swallow evaluation	0	1	2	3	4	5
Blue dye test	0	1	2	3	4	5
Cervical auscultation	0	1	2	3	4	5
Fiber endoscopic evaluation study	0	1	2	3	4	5
Modified barium swallow study	0	1	2	3	4	5
Rehab Institute of Chicago evaluation of communication	0	1	2	3	4	5
Augmentative devices	0	1	2	3	4	5
Pure tone screening	0	1	2	3	4	5

Types of Disorders	Experience					
Aphasia	0	1	2	3	4	5
Apraxia	0	1	2	3	4	5
Autism	0	1	2	3	4	5
Cleft palate	0	1	2	3	4	5
CVA/stroke	0	1	2	3	4	5
Fluency	0	1	2	3	4	5
Dementia/alzheimers	0	1	2	3	4	5
Dysarthria	0	1	2	3	4	5
Dysphagia	0	1	2	3	4	5
Hearing loss	0	1	2	3	4	5
Learning disabilities	0	1	2	3	4	5
Traumatic brain injury	0	1	2	3	4	5

Treatment	Experience					
Augmentative devices	0	1	2	3	4	5
Behavior modification	0	1	2	3	4	5
Cognitive training	0	1	2	3	4	5
Community re-entry	0	1	2	3	4	5
Computer	0	1	2	3	4	5
Co-treatment	0	1	2	3	4	5



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Treatment - cont.	Experience					
Group	0	1	2	3	4	5
Individual	0	1	2	3	4	5
Safety awareness	0	1	2	3	4	5
Total communication	0	1	2	3	4	5
Vital stimulation	0	1	2	3	4	5
Dysphagia across the age-spectrum	0	1	2	3	4	5

Regulations	Experience					
FIMS	0	1	2	3	4	5
Medi-Cal	0	1	2	3	4	5
Medicare	0	1	2	3	4	5
Omnibus budget reconciliation	0	1	2	3	4	5
RUG levels	0	1	2	3	4	5

General Skills	Experience					
Patient/family teaching	0	1	2	3	4	5
Patients in isolation	0	1	2	3	4	5
Patients in restraints	0	1	2	3	4	5
Initial evaluation	0	1	2	3	4	5
Lift/transfer devices	0	1	2	3	4	5
Specialty beds	0	1	2	3	4	5
End of life care/palliative care	0	1	2	3	4	5
Computerized Charting						
Cerner	0	1	2	3	4	5
EPIC	0	1	2	3	4	5
McKesson	0	1	2	3	4	5
Meditech	0	1	2	3	4	5
National Patient Safety Goals						
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Pain assessment & management	0	1	2	3	4	5
Infection control	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Care of patients in isolation	0	1	2	3	4	5
Minimize risk of falls	0	1	2	3	4	5
Prevention of pressure ulcers	0	1	2	3	4	5



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Age Specific Competencies	Experience					
Infant (birth to 1 year)	0	1	2	3	4	5
Toddler (ages 1-3 years)	0	1	2	3	4	5
Preschooler (ages 3-5 years)	0	1	2	3	4	5
Childhood (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 12-21 years)	0	1	2	3	4	5
Young Adults (ages 21-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older Adults (ages 65-79 years)	0	1	2	3	4	5
Elderly (ages 80+ years)	0	1	2	3	4	5

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Equipment: (i.e. Passy Muir Valve, Shiley Valve)	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature

Date