

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

General Skills	Experience					
Familiar with Milliman guidelines	0	1	2	3	4	5
Familiar with InterQual criteria and computer software	0	1	2	3	4	5
Familiar with Medicare guidelines	0	1	2	3	4	5
National Patient Safety Goals	0	1	2	3	4	5
Patient/family teaching & education	0	1	2	3	4	5
Regulating Agencies						
CMS: Centers for Medicare & Medicaid Services	0	1	2	3	4	5
OSHA: Occupational Safety & Health Agency	0	1	2	3	4	5
Department of Health	0	1	2	3	4	5
The Joint Commission	0	1	2	3	4	5
HIPAA: Health Insurance Portability & Accountability Act	0	1	2	3	4	5
Disability management	0	1	2	3	4	5
Worker's compensation	0	1	2	3	4	5
Data abstraction	0	1	2	3	4	5
Discharge planning	0	1	2	3	4	5

Assessment	Experience					
Assesses resource utilization	0	1	2	3	4	5
Cost management	0	1	2	3	4	5
Diagnosis	0	1	2	3	4	5
Past/present treatment course & services	0	1	2	3	4	5
Prognosis	0	1	2	3	4	5
Goals	0	1	2	3	4	5
Treatment & provider options	0	1	2	3	4	5
Prior authorization reviews	0	1	2	3	4	5
Continued stay reviews	0	1	2	3	4	5



Initials _____

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Planning	Experience					
Collaboration with client/family & members of the healthcare team	0	1	2	3	4	5
Identification of immediate, short-term & ongoing needs	0	1	2	3	4	5
Develops appropriate and necessary case management strategies	0	1	2	3	4	5
Discharge planning	0	1	2	3	4	5

Evaluation	Experience					
Pre-certification review	0	1	2	3	4	5
Concurrent utilization review	0	1	2	3	4	5
Retrospective utilization review	0	1	2	3	4	5
Benefits eligibility review	0	1	2	3	4	5
Drug utilization review	0	1	2	3	4	5

Software Programs	Experience					
MeDecision	0	1	2	3	4	5
TILE	0	1	2	3	4	5
OASIS	0	1	2	3	4	5

Work Settings	Experience					
Hospital	0	1	2	3	4	5
Occupational health	0	1	2	3	4	5
Insurance company	0	1	2	3	4	5
Health maintenance organization review department	0	1	2	3	4	5
HMO utilization review call center	0	1	2	3	4	5
Home health	0	1	2	3	4	5
Hospice	0	1	2	3	4	5
Managed care service provider	0	1	2	3	4	5
Long-term care	0	1	2	3	4	5

Inpatient Based Skills	Experience					
Universal precautions	0	1	2	3	4	5
Cardiac arrest/CPR	0	1	2	3	4	5
Use of rapid response teams	0	1	2	3	4	5



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Age Specific Competencies	Experience					
Newborn/neonate (birth-30 days)	0	1	2	3	4	5
Infant (31 days-1 year)	0	1	2	3	4	5
Toddler (ages 2-3 years)	0	1	2	3	4	5
Preschool (ages 4-5 years)	0	1	2	3	4	5
School age (ages 6-12 years)	0	1	2	3	4	5
Adolescent (ages 13-21 years)	0	1	2	3	4	5
Young adult (ages 22-39 years)	0	1	2	3	4	5
Adult (ages 40-64 years)	0	1	2	3	4	5
Older adult (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.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

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

Signature

Date