

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.

| Frequency | | Experience | |
|---------------------------------------|--|---|--|
| 1 Observed Only or Never Done | | 1 No Experience | |
| 2 Rarely Done (<6 times/year) | | 2 Some Experience (Requires Assistance) | |
| 3 Occasionally Done (1-2 times/month) | | 3 Experienced (Performs without Assistance) | |
| 4 Frequently Done (daily or weekly) | | 4 Very Experienced (Performs Well) | |

Print Name

SS#

Date

| Histology | Frequency | | | | Experience | | | |
|----------------------------------|-----------|---|---|---|------------|---|---|---|
| Specimen processing | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Gross sectioning | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Frozen sectioning | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Fixation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Collection of tissue specimen | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Bone marrow biopsy & slides | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Decalcify bone & hard tissue | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Embedding tissue blocks | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Running of tissue processor | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Microtome & disposable blades | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cutting tissue blocks | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Principle of hematoxylin & eosin | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Specials stains | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Group I | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Group II | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Group III | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Group IV | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Group V (IHC) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cover slipping | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Preparations of stains/reagents | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Proper labeling of reagents | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| MOHS sectioning | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| QC & maintenance | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Storage time of wet tissues | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Disposal of wet tissues | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Specimen preservation | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |



Initials _____

| Frequency | | Experience | |
|---------------------------------------|--|---|--|
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| 3 Occasionally Done (1-2 times/month) | | 3 Experienced (Performs without Assistance) | |
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| Lab Information System | Frequency | | | | Experience | | | |
|------------------------|-----------|---|---|---|------------|---|---|---|
| Sofflab | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Sunquest | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Cerner | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Meditech | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| WinSURGE | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| National Patient Safety Goals | Frequency | | | | Experience | | | |
|--|-----------|---|---|---|------------|---|---|---|
| Accurate patient identification | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Labeling | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Effective communication | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Interpretation & communication of lab values | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Universal precautions | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| Age Specific Competencies | Frequency | | | | Experience | | | |
|---------------------------------|-----------|---|---|---|------------|---|---|---|
| Newborn (birth to 30 days) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Infant (31 days to 1 year) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Toddler (ages 2-3 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Preschooler (ages 4-5 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Childhood (ages 6-12 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Adolescents (ages 13-21 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Young Adults (ages 22-39 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Adults (ages 40-64 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Older Adults (ages 65-79 years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Elderly (ages 80+ years) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

| 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