

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

EEG	Experience					
10-20 electrode placement	0	1	2	3	4	5
Portable recording in the adult ICU	0	1	2	3	4	5
Portable recording in the pediatric ICU	0	1	2	3	4	5
Portable recording in the NICU	0	1	2	3	4	5
ECI-brain death recording	0	1	2	3	4	5
Ambulatory EEG	0	1	2	3	4	5
Sleep deprived EEG	0	1	2	3	4	5
Sleep EEG	0	1	2	3	4	5
Somatosensory evoked potentials (SSEP)	0	1	2	3	4	5
SSEP in OR	0	1	2	3	4	5
Motor evoked potential (OR)	0	1	2	3	4	5
Electromyography in OR	0	1	2	3	4	5
Visual evoked potential	0	1	2	3	4	5
Auditory evoked potential	0	1	2	3	4	5
Assist with nerve conduction studies/electromyography	0	1	2	3	4	5

Equipment	Experience					
Paper machine experience	0	1	2	3	4	5
Digital machine experience	0	1	2	3	4	5
Nicolet	0	1	2	3	4	5
Cadwell	0	1	2	3	4	5
Grass-telafactor	0	1	2	3	4	5
Biologic	0	1	2	3	4	5
XLTek	0	1	2	3	4	5
Nihon kodon	0	1	2	3	4	5

General Skills	Experience					
Patient/family teaching	0	1	2	3	4	5
Patients in restraint	0	1	2	3	4	5



Initials _____

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General Skills - cont.	Experience					
Patients in isolation	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
Minimize risk of falls	0	1	2	3	4	5
Prevention of pressure ulcers	0	1	2	3	4	5

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



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Initials _____

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