

### 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

Cytology	Experience					
<b>Preparation and Interpretative Skills</b>						
<b>Gynecological</b>						
Conventional	0	1	2	3	4	5
ThinPrep	0	1	2	3	4	5
SurPath	0	1	2	3	4	5
Autocyte	0	1	2	3	4	5
HP DNA test	0	1	2	3	4	5
<b>Non-gynecological</b>						
Esophageal	0	1	2	3	4	5
Gastric	0	1	2	3	4	5
Spinal	0	1	2	3	4	5
<b>Respiratory tract</b>						
Sputum	0	1	2	3	4	5
Bronchial	0	1	2	3	4	5
Broncho alveolar lavage	0	1	2	3	4	5
<b>Body fluids</b>						
Joint / synovial fluids	0	1	2	3	4	5
Cerebrospinal fluids	0	1	2	3	4	5
Effusions	0	1	2	3	4	5
Urine	0	1	2	3	4	5
Semen	0	1	2	3	4	5
<b>Fine needle aspirations</b>						
Thyroid	0	1	2	3	4	5
Nodes	0	1	2	3	4	5
Breast	0	1	2	3	4	5
Lung	0	1	2	3	4	5
Endoscopic ultrasound assisted procedures	0	1	2	3	4	5
<b>Fixations</b>						
Saccomono	0	1	2	3	4	5



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Initials \_\_\_\_\_

Cytology - cont.	Experience					
Cytolyt	0	1	2	3	4	5
Carbowax	0	1	2	3	4	5
95% alcohol	0	1	2	3	4	5
Filter prep	0	1	2	3	4	5
Special Stains	0	1	2	3	4	5

National Patient Safety Goals	Experience					
Quality control / quality assurance	0	1	2	3	4	5
Assist with On-site procedures	0	1	2	3	4	5
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Interpretation & communication of lab values	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5

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 (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
Adolescents (ages 13-21 years)	0	1	2	3	4	5
Young Adult (ages 22-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older Adult (ages 65-79 years)	0	1	2	3	4	5
Elderly (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 \_\_\_\_\_