

### 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)        |
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Print Name

Last 4 Digits of SS#

Date

| Treatment Settings                   | Experience |   |   |   |   |   |
|--------------------------------------|------------|---|---|---|---|---|
| Inpatient hospital psychiatric unit  | 0          | 1 | 2 | 3 | 4 | 5 |
| Inpatient acute psychiatric facility | 0          | 1 | 2 | 3 | 4 | 5 |
| Chronic psychiatric facility         | 0          | 1 | 2 | 3 | 4 | 5 |
| Outpatient clinic/community setting  | 0          | 1 | 2 | 3 | 4 | 5 |
| Forensic unit (prison)               | 0          | 1 | 2 | 3 | 4 | 5 |
| Eating disorder unit                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Substance abuse/rehab unit           | 0          | 1 | 2 | 3 | 4 | 5 |
| Locked unit/ward                     | 0          | 1 | 2 | 3 | 4 | 5 |

| Legal/Ethical                     | Experience |   |   |   |   |   |
|-----------------------------------|------------|---|---|---|---|---|
| Advanced directives               | 0          | 1 | 2 | 3 | 4 | 5 |
| Legal right's of the mentally ill | 0          | 1 | 2 | 3 | 4 | 5 |
| Informed consent                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Right to refuse treatment         | 0          | 1 | 2 | 3 | 4 | 5 |
| Voluntary commitment              | 0          | 1 | 2 | 3 | 4 | 5 |
| Involuntary commitment            | 0          | 1 | 2 | 3 | 4 | 5 |
| Restrictive devices (restraints)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of seclusion                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Terrasoff "duty to warn"          | 0          | 1 | 2 | 3 | 4 | 5 |

| Emergency Care                     | Experience |   |   |   |   |   |
|------------------------------------|------------|---|---|---|---|---|
| Use of rapid response teams        | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardiac arrest/CPR                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Airway management                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Oxygen therapy                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Oral/nasotracheal suctioning       | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulse oximetry                     | 0          | 1 | 2 | 3 | 4 | 5 |
| IV therapy                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Start & maintaining peripheral IVs | 0          | 1 | 2 | 3 | 4 | 5 |

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| Emergency Care - cont. | Experience |   |   |   |   |   |
|------------------------|------------|---|---|---|---|---|
| Blood draw: venous     | 0          | 1 | 2 | 3 | 4 | 5 |
| Infusion pumps         | 0          | 1 | 2 | 3 | 4 | 5 |

| Skilled Nursing Care                         | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Assessment of circulation/peripheral pulses  | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood Glucose Monitoring (BGM)               | 0          | 1 | 2 | 3 | 4 | 5 |
| Foley catheter insertion/maintenance         | 0          | 1 | 2 | 3 | 4 | 5 |
| NG tube insertion/maintenance                | 0          | 1 | 2 | 3 | 4 | 5 |
| Wound care/dressing changes                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Administration of blood/blood products       | 0          | 1 | 2 | 3 | 4 | 5 |
| Management of fluid/electrolyte balance      | 0          | 1 | 2 | 3 | 4 | 5 |
| Seizure precautions                          | 0          | 1 | 2 | 3 | 4 | 5 |
| National Patient Safety Goals                | 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 |
| Medication administration                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Awareness of HCAHPS                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Bar coding for medication administration     | 0          | 1 | 2 | 3 | 4 | 5 |
| Labeling (medications & specimens)           | 0          | 1 | 2 | 3 | 4 | 5 |
| Medication reconciliation                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Anticoagulation therapy                      | 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 |
| Isolation                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Minimize risk for falls                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Prevention of pressure ulcers                | 0          | 1 | 2 | 3 | 4 | 5 |

| Clinical Assessment Tools                          | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| <b>Intelligence Assessment</b>                     |            |   |   |   |   |   |
| Wechsler Intelligence Scale (WAIS)                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Wechsler Intelligence Scale for Children           | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Psychological Testing</b>                       |            |   |   |   |   |   |
| Minnesota Multiphasic Personality Inventory (MMPI) | 0          | 1 | 2 | 3 | 4 | 5 |
| Beck Depression Inventory (BDI)                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Thematic Apperception Test (TAT)                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Child's Apperception Test (CAT)                    | 0          | 1 | 2 | 3 | 4 | 5 |

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| Clinical Assessment Tools - cont.    | Experience |   |   |   |   |   |
|--------------------------------------|------------|---|---|---|---|---|
| Informal cognitive status assessment | 0          | 1 | 2 | 3 | 4 | 5 |
| Mental status assessment             | 0          | 1 | 2 | 3 | 4 | 5 |
| Gestalt test                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Stanford-Binet test                  | 0          | 1 | 2 | 3 | 4 | 5 |

| Communication Techniques | Experience |   |   |   |   |   |
|--------------------------|------------|---|---|---|---|---|
| Active listening         | 0          | 1 | 2 | 3 | 4 | 5 |
| Restatement/reflection   | 0          | 1 | 2 | 3 | 4 | 5 |
| Clarification            | 0          | 1 | 2 | 3 | 4 | 5 |
| Focusing                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Confronting              | 0          | 1 | 2 | 3 | 4 | 5 |
| Summarizing              | 0          | 1 | 2 | 3 | 4 | 5 |

| Therapeutic Interventions | Experience |   |   |   |   |   |
|---------------------------|------------|---|---|---|---|---|
| Limit setting             | 0          | 1 | 2 | 3 | 4 | 5 |
| Positive reinforcement    | 0          | 1 | 2 | 3 | 4 | 5 |
| Reality orientation       | 0          | 1 | 2 | 3 | 4 | 5 |
| Questioning               | 0          | 1 | 2 | 3 | 4 | 5 |

| Psychiatric Disorders                       | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| <b>Mood Disorders</b>                       |            |   |   |   |   |   |
| Major depression                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Dysthymia                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Bipolar disorder (manic-depressive illness) | 0          | 1 | 2 | 3 | 4 | 5 |
| Type I                                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Type II                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Anxiety Disorders</b>                    |            |   |   |   |   |   |
| GAD - Generalized Anxiety Disorder          | 0          | 1 | 2 | 3 | 4 | 5 |
| Panic                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Post Traumatic Stress Disorder              | 0          | 1 | 2 | 3 | 4 | 5 |
| Obsessive-compulsive                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Phobias                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Psychotic Disorders</b>                  |            |   |   |   |   |   |
| Schizophrenia                               | 0          | 1 | 2 | 3 | 4 | 5 |
| Schizoaffective disorder                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Schizophreniform disorder                   | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Personality Disorders</b>                |            |   |   |   |   |   |
| Antisocial                                  | 0          | 1 | 2 | 3 | 4 | 5 |

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| Psychiatric Disorders - cont.    | Experience |   |   |   |   |   |
|----------------------------------|------------|---|---|---|---|---|
| Passive/aggressive               | 0          | 1 | 2 | 3 | 4 | 5 |
| Paranoia                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Borderline                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Schizotypal personality disorder | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Congenital Disorders</b>      |            |   |   |   |   |   |
| Mental retardation               | 0          | 1 | 2 | 3 | 4 | 5 |
| Down's syndrome                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Cystic fibrosis                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Cerebral palsy                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Spina bifida                     | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Degenerative Disorders</b>    |            |   |   |   |   |   |
| Alzheimer's disease              | 0          | 1 | 2 | 3 | 4 | 5 |
| Parkinson's disease              | 0          | 1 | 2 | 3 | 4 | 5 |
| Huntington's chorea              | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Eating Disorders</b>          |            |   |   |   |   |   |
| Anorexia nervosa                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Bulimia nervosa                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Pica                             | 0          | 1 | 2 | 3 | 4 | 5 |

| Crisis Management             | Experience |   |   |   |   |   |
|-------------------------------|------------|---|---|---|---|---|
| Homicide                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Suicide/suicide precautions   | 0          | 1 | 2 | 3 | 4 | 5 |
| Rape                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Violence/family & individuals | 0          | 1 | 2 | 3 | 4 | 5 |

| Substance Use / Abuse                  | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Withdrawal syndrome                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Alcohol or ETOH                        | 0          | 1 | 2 | 3 | 4 | 5 |
| CIWA scale                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Delirium tremens (DTs)                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Wernicke-Korsakoff                     | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Drug Use/Abuse</b>                  |            |   |   |   |   |   |
| Hallucinogenics                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Opiates                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Heroin                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Prescription                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Stimulants (amphetamines/cocaine/MDMA) | 0          | 1 | 2 | 3 | 4 | 5 |
| Benzodiazepine                         | 0          | 1 | 2 | 3 | 4 | 5 |

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| Substance Use / Abuse - cont.                       | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Drug withdrawal/detoxification                      | 0          | 1 | 2 | 3 | 4 | 5 |
| COWS scale for opiate withdrawal symptom assessment | 0          | 1 | 2 | 3 | 4 | 5 |

| Sexuality Dysfunction     | Experience |   |   |   |   |   |
|---------------------------|------------|---|---|---|---|---|
| Gender Identity Disorders |            |   |   |   |   |   |
| Paraphilias               | 0          | 1 | 2 | 3 | 4 | 5 |
| Psychosexual dysfunctions | 0          | 1 | 2 | 3 | 4 | 5 |

| Child/Adolescent Dysfunction                    | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Conduct disorder                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Separation anxiety disorders                    | 0          | 1 | 2 | 3 | 4 | 5 |
| ADHD (Attention Deficit Hyperactivity Disorder) | 0          | 1 | 2 | 3 | 4 | 5 |
| ADD (Attention Deficit Disorder)                | 0          | 1 | 2 | 3 | 4 | 5 |
| Elimination Disorders                           |            |   |   |   |   |   |
| Encopresis                                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Enuresis  | 0          | 1 | 2 | 3 | 4 | 5 |
| Pervasive Developmental Disorders               |            |   |   |   |   |   |
| Autism  | 0          | 1 | 2 | 3 | 4 | 5 |
| Asperger's syndrome                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Rett syndrome                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Self destructiveness                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Suicidal behavior                               | 0          | 1 | 2 | 3 | 4 | 5 |
| Runaway behavior                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Substance abuse                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Delinquent behavior                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Neglect/lack of parental involvement            | 0          | 1 | 2 | 3 | 4 | 5 |
| Physical/sexual abuse                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of the patient with delusions              | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of the patient with hallucinations         | 0          | 1 | 2 | 3 | 4 | 5 |

| Therapeutic Approaches          | Experience |   |   |   |   |   |
|---------------------------------|------------|---|---|---|---|---|
| Psychotherapy                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Behavior therapy                | 0          | 1 | 2 | 3 | 4 | 5 |
| Milieu management               | 0          | 1 | 2 | 3 | 4 | 5 |
| Relationship/family therapy     | 0          | 1 | 2 | 3 | 4 | 5 |
| Electroconvulsive Therapy (ECT) | 0          | 1 | 2 | 3 | 4 | 5 |
| Crisis counseling               | 0          | 1 | 2 | 3 | 4 | 5 |
| Behavior modification           | 0          | 1 | 2 | 3 | 4 | 5 |
| Group therapy                   | 0          | 1 | 2 | 3 | 4 | 5 |



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| Medications   | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Analgesics/narcotics (MS, Dilaudid, Demerol, fentanyl, methadone) | 0          | 1 | 2 | 3 | 4 | 5 |
| Antidepressants (TCA, MAOIs, SSRIs)                               | 0          | 1 | 2 | 3 | 4 | 5 |
| Antipsychotics (Valium, Ativan, Xanax)                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Antiparkinson (levodopa, Sinemet)                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Antipsychotic (Thorazine, Haldol, zyrex, Seroquel)                | 0          | 1 | 2 | 3 | 4 | 5 |
| Mood stabilizer (lithium, Depakote, Tegretol)                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Automated Dispensing System, Pyxis, Omnicell, or other            | 0          | 1 | 2 | 3 | 4 | 5 |

| Age Specific Competencies      | Experience |   |   |   |   |   |
|--------------------------------|------------|---|---|---|---|---|
| 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 (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