

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 _____

Procedures	Experience					
Assist with EGD's	0	1	2	3	4	5
Assist with endoscopic ultrasound	0	1	2	3	4	5
Assist with active GI bleed	0	1	2	3	4	5
Cautery devices	0	1	2	3	4	5
Assist with manometry studies	0	1	2	3	4	5
Assist with variceal banding	0	1	2	3	4	5
Assist with esophageal dilatations	0	1	2	3	4	5
Assist with esophageal ballooning	0	1	2	3	4	5
Assist with sclerotherapy	0	1	2	3	4	5
Assist with TEE	0	1	2	3	4	5
Assist with bronchoscopy	0	1	2	3	4	5
Assist with colonoscopy	0	1	2	3	4	5
Assist with polypectomy	0	1	2	3	4	5
Assist with ERCP's	0	1	2	3	4	5
Assist with PEG placements	0	1	2	3	4	5
Assist with liver BX	0	1	2	3	4	5
Assist with collection of hot & cold BX's	0	1	2	3	4	5
Specimen collection & labeling	0	1	2	3	4	5
Set up of scopes & video equipment	0	1	2	3	4	5
Apply external abdominal pressure to assist with scope movement	0	1	2	3	4	5
Scope cleaning	0	1	2	3	4	5
Assist with mobile cases, ICU, ER, etc.	0	1	2	3	4	5
Radiation safety	0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other	0	1	2	3	4	5
Takes call for emergency cases	0	1	2	3	4	5
National Patient Safety Goals	0	1	2	3	4	5
Awareness of HCAHPS	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

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Procedures - cont.	Experience					
Anticoagulation therapy	0	1	2	3	4	5
Monitoring conscious sedation	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
Use of rapid response teams	0	1	2	3	4	5
Administer Conscious Sedation						
Fentanyl	0	1	2	3	4	5
Propofol	0	1	2	3	4	5
Demerol	0	1	2	3	4	5
Presexidex	0	1	2	3	4	5
Versed	0	1	2	3	4	5
Reversal agents	0	1	2	3	4	5
Pre Procedure						
Pre procedure phone calls	0	1	2	3	4	5
Electronic documentation	0	1	2	3	4	5
Patient assessment	0	1	2	3	4	5
Colon prep or re-prep	0	1	2	3	4	5
Pre procedure checklist/consent	0	1	2	3	4	5
IV start, med admin	0	1	2	3	4	5
Post Procedure						
Assess for air movement post colonoscopy	0	1	2	3	4	5
Assess for pain	0	1	2	3	4	5
Assess for bowel sounds	0	1	2	3	4	5
Assess for gag reflex post EGD	0	1	2	3	4	5
Assess for gag reflex post bronchoscopy	0	1	2	3	4	5
Recover from MAC	0	1	2	3	4	5
Recover from (moderate) conscious sedation	0	1	2	3	4	5
Discharge outpatients to home	0	1	2	3	4	5
Post procedure phone calls	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