

Annual Competency Assessment

DEPARTMENT NAME: _____

EMPLOYEE NAME: _____

TITLE: _____

DATE OF HIRE: _____

Populations Served	Method of Measurement
A – Age Specific	W – Written Post Test, CBL
C - Cultural	D – Return Demonstration
E - Ethnic	O – Observation
F - Faith	V – Verbalization
* - Other, please explain	
Competency Measurement	

Annual Competencies	Date Evaluated	Method of Measurement (Use Legend)	Populations Served	Initials of Supervisor/ Designee
Job Specific:				
1.				
House wide:				
1. Safety: Healthcare Safety		W	A,C,E,F	
2. Security: Healthcare Security		W	A,C,E,F	
3. Hazardous Materials Management		W	A,C,E,F	
4. Emergency/Disaster Preparedness		W	A,C,E,F	
5. Life Safety: Fire Safety		W	A,C,E,F	
6. Medical Equipment Management		W	A,C,E,F	
7. Utility Systems		W	A,C,E,F	
8. Infection Control/Bloodborne Pathogens		W	A,C,E,F	
9. Corporate Compliance/Confidentiality/HIPAA		W	A,C,E,F	
Nursing:				
1. Restraint documentation		W	A,C,E,F	
2. Pain		W	A,C,E,F	
Unit / Department Competency or Performance Improvement Education (Inservice, training, Health.edu):				
1. Completes all assigned competencies before August 31, 2007.		O,D	A,C,E,F	
Initials	Signature of Supervisor / Designee Assessing Competency	Initials	Signature of Supervisor / Designee Assessing Competency	