



**CAREMAX HEALTH SERVICERS**

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**SKILLS COMPETENCY CHECKLIST**

Name..... Date. ....

Circle one RN, LPN, TMA, CNA/NAR. Total years of experience .....

Please rate your skill level by checking the appropriate box using the key below:

- 1- No experience
- 2- Limited competency; require supervision
- 3. Proficient /expert /highly skilled.
- 2 — Experienced

SKILLS	0	1	2	3	SKILLS	0	1	2	3
Documentations/ progress notes					Ostomy care				
Wound care					Proper hand washing				
Intravenous therapy					CPR				
Colostomy care & Irrigation					Specimen collection				
Catheterization — straight/foley					Transcribing orders				
GT /NG tubes					Phlebotomy				
Tracheostomy care					Incentive spirometry				
Suctioning					Pain assessment				
Fingerstick Blood sugar check and monitoring					Discharge of client				
Infection control precautions					Reporting of concerns to team/ supervisor				
Care of client with Alzheimer's/Dementia					Head to toe assessment				
Admission of client					Applying/Removing TEDS				

					stockings				
Medications — Oral, Topical					Intake & Output monitoring				
Medication — IM, SQ, PR					Prosthetic/ Assistive devices				
Client safety standards/ precautions					Client care plans (Revise & Update)				
Postmortem care					Advance Directives				
Range of motion exercises					Oxygen (Cannula, mask etc)				
Making occupied bed					Vital signs BP, T, P, R, Height & Weight				
Repositioning / Transferring					Use of Hoyer Lift				
Bathing assistance					Oral Hygiene, Denture care				
Use of Bedpan/ Urinal					Dressing changes				
Communicating with provider/ Physician/ Family					Assessing Educational needs				
Teaching clients, staff, family, caregivers					Handling emergent situations				
Use of manual wheelchair					Special Diet restrictions				
Assist with Feeding					Bed making Unoccupied				

Do you speak any other language(s) besides English? Yes/NO. If yes list the language(s)

.....Do you have any other skills not listed that are pertinent to the  
portion .....

I hereby certify that all the information I have provided to Caremax health services on this skill checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may results in disqualification from employment /or immediate dismissal

Employee Signature .....Date.....

Caremax Representative Signature.....Date.....