

## Competencies/Skills Checklist

*This document is an evaluation of the APPLICANT's performance pertaining to their job duties and competencies outlined in the Scope of Service for their classification and an outline for on the job training for new hires.*

- Must be completed within the last year.
  - If training is needed, must supply a hard date for re-evaluation on the form and submit a new checklist upon completion/re-evaluation to ensure competency and proper training in their position
- The Title of the evaluator must be clear and legible.
- Must be signed by Evaluator
  - Evaluation may be completed by: Employer/Human Resources, Supervisor, A Peer working within the same Classification/Scope of Service, Sponsoring Physician if APPLICANT: is self-employed
- Forms must be filled out in their entirety
- Supporting documentation may be attached (if applicable)

### Company does NOT have a standardized checklist:

- Experienced employees will complete Section A.
- Newly hired employees will complete both Sections A and B.

### Company has a standardized checklist:

- If company has a standardized checklist (same/similar) to use for experienced and/or newly hired APPLICANT:s, that document may be submitted to satisfy the credential.
  - **NEWLY HIRED APPLICANT:s** who have not achieved/passed/completed **training required for the position** (not the company related training), would need to complete a checklist that contains a detailed plan for on the job training (OJT) that includes the list of missing skills that will be attained during OJT, as well as a re-evaluation date. The re-evaluation date is necessary so that HealthTrust may follow up and retrieve an up to date Skills Checklist. This will then confirm the competency of the APPLICANT:. If the documentation does not include this piece, then the company needs to complete Section B (page 3) of the HealthTrust Skills Checklist document and submit with their company documentation. ...

## Section A – Skills Checklist - To be completed for all APPLICANT:s

List and evaluate job duties the APPLICANT: will be responsible for within the facility. The competencies listed in the Scope of Service form may be used for evaluation.

<b>Date of Assessment:</b>	
<b>Applicant Name:</b>	
<b>Applicant Classification:</b>	
<b>Applicant Company:</b>	

[illegible]

## Section B – Newly Hired APPLICANT:s Requiring Additional Training

This section should be completed in full by the APPLICANT's agency or person responsible for providing on the job training to new hires.

<b>Date of Assessment:</b>	
<b>APPLICANT: Name and Classification:</b>	

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**Provide detailed plan for on the job training: (include milestones/timing)**

**List missing skills to be attained during on the job training:**

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**Who will administer/oversee the training?**

	<b>Contact Name</b>	<b>Title/Department</b>
<i>Mentor/Proctor Provided by Agency:</i>		
<i>Mentor/Proctor Provided by HCA Facility:</i>		

**Date of Re-Assessment:** \_\_\_\_\_

***I acknowledge and attest that the employee mentioned has demonstrated competency within their scope of service.***

<b>Signature of Employee:</b>		<b>Date:</b>	
<b>Signature of Evaluator:</b>		<b>Date:</b>	
<b>Title of Evaluator:</b>			
<b>Company name:</b>			