

Nursing Skills Verification Name: _____

SKILL	DATE	COMPETENCE	PRECEPTOR (Name, title, License #)
Bedmaking			
Bathing/Shower			
Bedbath-full/partial			
Hand/Foot care			
Skin Evaluation			
Oral Care			
Assist with elimination			
Assist w/Meals			
Intake/Output			
Patient transfer			
Use of Gait belt			
Positioning			
Ambulation-w/asst. cane, walker			
Range of Motion Active/Passive			
Temperature			
Pulse- Radial/Apical/Pedal			
Respirations			
Blood Pressure			
EKG			
Venipuncture: Blood draw / IV access			
*Patient Safety			
*Patient Orientation to task/provider			
*Infection Control			
<i>*Can be employer mandated annual training</i>	Include employers' name and address, dates of employment:		
Comments/Additional Skills			

This form is to be used to verify nursing skills demonstrated in a health care environment. Skills must be verified by a licensed Registered Nurse (Please sign, include title and include license number).