

DOCUMENTATION OF COMPETENCE IN PROCEDURAL SKILLS

Trainee:

Type of Procedure:

Date	Patient Identification Number	Skills				Complications (Describe)	Section for Supervisor's Assessment			
		Cognitive		Technical			Competent to Perform Independently (√ appropriate category)	Describe areas needing additional experience or improvement	Supervisor's Signature and Title	
		(√ appropriate category)								
		S	U	S	U					
		a	n	a	n					
		t	s	t	s					
		i	a	i	a					
		s	c	s	c					
		f	t	f	t					
		a	a	a	a					
		c	c	c	c					
		t	t	t	t					
		o	o	o	o					
		r	r	r	r					
		y	y	y	y					
						Yes*	No			

* A check in this box and the supervisor's signature imply that the trainee has successfully mastered all skills necessary to perform the procedure on an uncomplicated patient (including an understanding of the indications, contraindications, and the ability to interpret the results of the procedures).

