



Supplemental Skills Checklist for Isolated Communities

This skills checklist is to be used by RN's with two or more years of nursing experience in their specialty. It will be utilized by healthcare facilities as a determining factor in assignment approval and for skill assessment while on assignment. Please complete all sections thoroughly and accurately. This document will remain a permanent part of your HR file with Solutions Staffing until it is amended or replaced.

Date _____ Name (*print*) _____

Key to Competency Levels

0 – No Experience **1** – Minimal experience, need review and supervision, have performed at least once **2** – Comfortable performing with resource available **3** – Competent to perform independently and safely **4** – Expert, able to act as resource to others

Skills	0	1	2	3	4
Pelvic Exam and Pap Smear					
Wet Prep and Microscopy					
Contraception Counseling					
Prostate / Rectal Exam					
Anoscopy					
Testicular / Hernia Exam					
Otoscope Exam					
Ophthalmoscope Exam					
Knee Exam					
Shoulder Exam					
Neuro Exam					
Well Child Exam					
Well Woman Exam					
Well Man Exam					
Older Adult Exam					
Sports Physical					
Focused History and Physical for Acute Problem					
Focused History and Physical for Chronic Illness					
Comprehensive History and Physical					
Nutrition Assessment / Counseling					
Childhood Immunization Counseling					
Adult Immunization Counseling					
Read Mantoux Test					
Management of Acute Illnesses					
Management of Chronic Illnesses					

Exercise Prescription					
Suturing					
Nail Removal					
Skin Biopsy					
Incision and Draining					
Focused History and Physical for Chronic Illness					
Spirometry					
Digital Nerve Block					
Joint Injection					
Fish Hook Removal					
Foreign Body Removal from the Eye					
Casting / Splinting of Extremity					
Nasal Packing					
Chest X-Ray Interpretation					
Abdominal X-Ray Interpretation					
Extremity X-Ray Interpretation					
12 - Lead ECG Interpretation					

Certificates Held (Check all that apply.)

- ANP
- Nurse Practitioner Degree
- Immunization
- ACLS
- PALS
- NALS
- Other

Please read and agree to the statements below by marking the checkbox.

* I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Isolated Communities Checklist to the client facilities in relation to consideration of employment as a Traveler with those facilities as indicated by my signature below:

Signature: _____ Date: _____