CNA Skills Checklist:

Questions? Let us know!
Email: recruiter@nurses247.com
Web: www.nurses247.com
Contact: (800)-292-4097. Please refer bottom for FAX numbers.

Name _____
Last Middle First

The following checklist is used to assess your experience and skills and help your Nurse Advisor place you in the proper assignment.

Please provide a self-assessment of your skills using the following guidelines:

1 - No experience
2 – Minimal experience
3 – Proficient, performs independently
4 - Able to educate & supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Nurses 24/7 and facilities where I may be employed.

_____ _____
Signature Date

General Care

	1	2	3	4
Abdominal Binders				
Airborne Precautions/Isolation (TB Patients)				
Bathing Patients				
Contact Isolation				
Drains: J-Tubes, T-Tubes, Nasogastric Tubes (Measuring Output)				
Enemas				
Feeding Patients				
Finger Stick Glucose Check				
Intake and Output				
Mouth Care				
Patient Positioning				
Range of Motion				
Restraints				
Reverse Isolation				
Splints				
Suicide Precautions				
Transferring Patients, Bed to Chair				
Transferring Patients, Bed to Stretcher				
Transporting Patients via Stretcher or Wheelchair				
Universal Precautions				
Urinary (Foley) Catheter Care				
Urine Specimen Collection				
Vital Signs (Temp, Pulse, Respirations, BP)				
Weighing Patients				

Age Specific Care:

	1	2	3	4
Neonate/Infant (Birth - 1 Year)				
Pediatrics (1 - 17 years)				
Adults (18 - 60 years)				
Geriatrics (> 60 Years)				

FAX Numbers:
Broward: - 954-491-2437 | Palm Beach: - 561-684-0265 | Dade:-305-651-9297
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