



Date: _____

Applicant's Name: _____ FIRST MIDDLE INITIAL LAST

To Assignment America's Healthcare Professionals:

The purpose of the following checklist is to assist in matching your skills and interests with available assignments, thus meeting your needs and the needs of our clients as much as possible. Your employment is not dependent upon responses given in this checklist.

**Please make sure this Skills Checklist is signed and dated.

The information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize Assignment America, to release this Skills Checklist to client institutions of Assignment America, in relation to my employment with that institution.

Signature _____ Date _____

To Assignment America's Client Institution:

Assignment America has developed unique skills checklists for each nursing specialty. This checklist is not necessarily a valid indicator of clinical skills and should not be utilized as the sole measure of the ability of an individual to perform the duties of a registered nurse or therapist in your facility. It is intended to be used only as a guide in your screening procedures and in orientation to procedures within your institution.

PLEASE MARK YOUR LEVEL OF EXPERIENCE ☒

- 1 No Experience: Observed Only
2 Limited Experience: Performs < 6 Times Per Year; Needs Review
3 Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
4 Highly Experienced: Performs on Daily or Weekly Basis; Proficient

A. Medication Administration
1. Administer From a Stock Medication System
2. Use a Unit Dose System
3. Administration IM, SC Medications, Including Narcotics
4. Monitor IV Drip Medications:
a. Antibiotics
b. Chemotherapy
c. Anticoagulants

B. Phlebotomy/IV Therapy
1. Draw Blood:
a. Arterial
b. Venous
2. Start IV Lines
3. Regulate IV's
4. Mix IV Infusion Using Additives
5. Discontinue Peripheral IVs
6. Use IV Infusion Pumps

7. Use of Heparin Locks
8. Use of PCA Pump
9. Institute and Monitor Blood/Blood Products

C. Provide Care to Women With:
1. Infectious Disease:
a. Pelvic Inflammatory Disease
b. Sexually Transmitted Disease
c. Vaginitis
d. Endometritis
e. Salpingitis
f. Bartholin's Gland Infection
2. Infertility:
a. IVF
b. GIFT
c. Administer/Monitor/Teach Infertility Protocols
3. Endometriosis

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	Mark One			
	1	2	3	4
4. Menstrual Disorders:				
a. Dysfunctional Uterine Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dysmenorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Amenorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Peri/Postmenopausal Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pelvic Relaxation Disorders:				
a. Uterine Prolapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cystocele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rectocele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Enterocele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fibroid Uterus (Leiomyoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adenosis:				
a. Endo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exocervical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vaginal Related to DES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pyelonephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Polycystic Ovary Syndrome (Stein-Leventhal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Breast Disease:				
a. Assist/Teach Breast Self-Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Benign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Carcinoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mastitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mark One			
	1	2	3	4
D. Provide Care for Women Undergoing Surgical Procedures				
1. Pre-Operative Preparation of Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dilation & Curettage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Laparoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laparotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tubal Ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hysteroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anterior/Posterior Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vulvectomy, Skin Grafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bartholin Cyst Marsupialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mark One			
	1	2	3	4
10. Cervical Cerclage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Vaginal Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. TAH (Total Abdominal Hysterectomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. BSO (Bilateral Salpingo – Oophorectomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mark One			
	1	2	3	4
E. Assist Physician in Gyn-Related Procedures				
1. Pelvic Exam, Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tubal Insufflation (Hydrotubation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Colposcopy, Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Culdocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cryosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Electrosurgery (Cautery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mark One			
	1	2	3	4
F. Gynecologic Oncology				
1. Care of Patients Undergoing:				
a. Oncology Consultation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Radiation Therapy (External)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Radical Surgery:				
i. Bowel and Urinary Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Colostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Exenteration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cone Biopsy (Conization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Radium Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gestational Trophoblastic Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Chemotherapy for Ectopic Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mark One			
	1	2	3	4
G. Obstetric-Related Disorders/Procedures				
1. Hyperemesis Gravidarum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Incompetent Cervix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stillbirth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Mark One

4. Abortion:

1 2 3 4

a. Spontaneous:

i. Incomplete

ii. Missed

iii. Complete

b. Induced (Therapeutic):

i. 1st Trimester – D & C, Suction Curettage, D&E

ii. 2nd Trimester – Saline, Prostin Injection

c. Septic Abortion

Mark One

H. Patients with Renal/GU Problems:

1 2 3 4

1. Insertion of Catheter - Female

2. Bladder Irrigations

3. Care of Patient with Urinary Diversion

4. Care of Patient with Supra-Pubic Catheter

5. Care of Patient with Nephrostomy Tube

Mark One

I. Additional Medical-Surgical Skills:

1 2 3 4

1. Universal Precautions

2. Wound Dressings

3. Collection of Specimens

Mark One

J. Age Range of Patients Cared For:

1 2 3 4

1. Infants and Toddlers (ages 0-3 years)

2. Young Children (ages 4-6 years)

3. Older Children (ages 7-12 years)

4. Adolescents (ages 13-20 years)

5. Young Adults (ages 21-39 years)

6. Middle Adults (ages 40-64)

7. Older Adults (ages 65-79)

8. Adults (ages >80)