



Competency Check List
 Certified Nursing Assistant or Medical Assistant

Name: _____

Date: _____

Rating Scale:

1. No previous experience.
2. Previous training, but no personal hands on experience.
3. Previous training/hands-on experience. Need additional practice with supervisor.
4. Previous training and experience. Need clearance only.

SKILLS	RATE	SKILLS	RATE
CPR		Turning and positioning patients	
Vital Signs (TPR, BP)		Suctioning	
Set up and feed patient meals		Aspiration precautions	
Make up empty or occupied beds		Assist patient with Oxygen or Pulse Ox	
Assist patient with ambulation		Knowledge of infection control policies	
Partial bed bath		Specimen collection	
Complete bed bath		Monitor and record intake and output	
Oral care		Pain management	
Foot care		Behavior management	
Bowel care		Age specific communication	
Bladder care		Restraints/Seclusion	
Catheter care		Basic Computer skills	
Toileting/ Incontinence management		Admit patient	
Foley care		Discharge patient	
IV Site observation		Transfer patient	
Wound/Decub. Care		Scale/ Weights	
Dressing changes		Post-mortem care	
Assist with sterile procedures		Restock unit supplies	
Safe operation of medical equipment		Identify possible victims of abuse or neglect	
Set up enteral or tube feedings		Knowledge of emergency procedures	
Take an EKG		Prepare exam rooms	
Obtain a Blood Sugar with Glucometer		Obtain and document patient's current medical history, drug history, chief complaints, allergies, pain assessment and vital signs	
Operate the following medical equipment:			
Pulse Oximeter			
IV infusion pump (Set-up only)			
Gurneys, Wheel Chairs, Patient beds			
Obtain a blood sugar with a glucometer		Computer Charting	
Automatic Blood Pressure Monitor		Computer retrieval of results	
Typanometer			
Electronic Thermometer			