This sample form will assist you in creating a unique form for your practice. Effective forms address the specific circumstances of   
each practice.

Employee Name (print) Reviewer Name (print) Date

Direct Source Verification of License: □ Yes □ No

License Number Date

**General Category and Skill/Skill Set Demonstrates Competence: Reviewer’s Comments:**

**General Office Policies and Procedures Yes No N/A**

Demonstrates knowledge of policies & procedures: □ □ □

[List specific policies/procedures here, e.g. Patient Confidentiality]

Demonstrates knowledge of age-specific patient needs □ □ □

Understands/follows chain of command □ □ □

For release of medical records:

Processes requests/subpoenas for medical records □ □ □

Obtains proper authorization for records release □ □ □

Demonstrates knowledge of infection control practices □ □ □

Exhibits training/education in equipment use & maintenance □ □ □

Demonstrates appropriate blood-draw technique □ □ □

Demonstrates appropriate specimen handling & documentation   
(e.g., Pt. ID, date/time collected w/appropriate lab documents) □ □ □

Follows process for diagnostic test tracking and referral tracking □ □ □

[Other relevant skill/skill set] □ □ □

[Other relevant skill/skill set] □ □ □

**Telephone Procedures Yes No N/A**

Schedules & documents appointments □ □ □

Schedules & documents referrals □ □ □

Schedules & documents procedures □ □ □

Accurately records messages □ □ □

Demonstrates proper telephone triage assessment □ □ □

Follows protocols for telephone triage □ □ □

Obtains physician review of triaged telephone calls □ □ □

Follows protocols for medication refills □ □ □

Review social media policy according to guidelines □ □ □

[Other relevant skill/skill set] □ □ □

**Patient Intake Yes No N/A**

For vital signs:

Checks and documents vital signs □ □ □ □ □ □

Reports deviations □ □ □

Documents height/weight □ □ □

Documents current medications/allergies on each visit □ □ □

Updates problem list □ □ □

Documents chief complaint/onset of symptoms □ □ □

Assesses and documents changes in patient’s condition □ □ □

Assesses and documents pain using a scale/score □ □ □

Performs waived testing as indicated □ □ □

[Other relevant skill/skill set] □ □ □

[Other relevant skill/skill set] □ □ □

**Examination Room Yes No N/A**

Prepares/positions patient for examination □ □ □

Assists with procedures: □ □ □

[List specific office procedures here]

Assists as a chaperone in appropriate settings □ □ □

Provides discharge instructions/prescriptions □ □ □

Provides and documents patient education □ □ □

Provides instruction in health promotion/maintenance □ □ □

[Other relevant skill/skill set] □ □ □

[Other relevant skill/skill set] □ □ □

**Medication Administration Yes No N/A**

For oral medications:

Identifies appropriate medication □ □ □

Verifies written physician order w/medication to be given □ □ □

Completes sample medication log appropriately □ □ □

For injectable medications:

Identifies appropriate syringe for administration □ □ □

Properly draws up medications □ □ □

Correctly performs subcutaneous injections □ □ □

Correctly performs intramuscular injections □ □ □

Correctly performs intradermal injections □ □ □

Monitors for reactions □ □ □

Documenting medication administration:

Drug name □ □ □

Dosage □ □ □

Route □ □ □

Site (if injection) □ □ □

Date and time of administration □ □ □

Post-injection observation of patient □ □ □

[Other relevant skill/skill set] □ □ □

[Other relevant skill/skill set] □ □ □

**Medical Emergencies Yes No N/A**

Maintains current BLS/ACLS/PALS certification (as appropriate) □ □ □

Demonstrates knowledge of medical emergency response plan □ □ □

Demonstrates knowledge of emergency equipment & supplies □ □ □

[Other relevant skill/skill set] □ □ □

[Other relevant skill/skill set] □ □ □

Employee Signature Date

Reviewer Signature Date