Mount Carmel College of Nursing Adult-Gerontological Acute Care Nurse Practitioner Post-Master's Certificate Program Clinical Competency Verification

Student Name:	
Supervisor Name:	
Supervisor Title:	
Practice Location:	
Number of Years Practicing at Listed Practice Location:	

This form is to be completed by the student's immediate supervisor to verify skills and competencies of currently practicing Advanced Practice Nurse Practitioner for the purpose of admittance into the Adult-Gerontological Acute Care Post-Master's Certificate Program at Mount Carmel College of Nursing. Verification of hours practiced, skills, and competencies met may allow the student to claim up to 150 clinical hours towards their total clinical requirement of 650 hours.

Please rate and sign the student's competency verification list. Please place your initials in each section to rate the student's performance for that competency.

5 = Excellent, 4 = Very Good, 3 = Average, 2 = Below Average, 1 = Poor, N/A = Not Available

Criteria for Evaluation	5	4	3	2	1	N/A
Competencies				1		. ,
Obtain and accurately document relevant health histories for clients of all ages.						
Perform and accurately document						
appropriate comprehensive or focused physical examinations on clients of all						
ages.						
Identify health and psychosocial risk factors of clients.						
Distinguish between normal and abnormal change with aging.						
Identify signs and symptoms of acute and chronic illnesses across the lifespan.						
Demonstrate understanding of diagnostic tests and screening procedures.						
Make decisions so problems are solved in a precise and equitable way.						
Demonstrate sensitivity and concern for others.						
Provide anticipatory guidance, teaching, counseling, and education for the individual and families.						
Plan, direct, control, and evaluate according to the goals established, the setting of the activities and the persons involved.						

Approved Denied Total Clinical Hours Granted: Total Program Hours Required for Plan of Supervisor Printed Name: Supervisor Signature:	of Study:				Date:	
Approved Denied Total Clinical Hours Granted: Total Program Hours Required for Plan of	of Study:				Date:	
Approved Denied Total Clinical Hours Granted:						
Approved Denied						
Approved						
Comments:						
Comments:						
Comments:						
Comments:						
Miscellaneous Skills/Procedures (i.	e. Arteriai	Lines, Centr	ai venous L	<u>ines, Suturir</u>	<u>1g, etc.):</u> 	
about variations in health outcomes.	- A "4-a "i-al I	lines Contr	ol Vanava I			
members of the health care team						
Collaborate and/or consult with						
Assume accountability in practice.						
into management plan.						
health beliefs, behaviors, and practices						
Incorporate cultural preferences,						
class, sexual orientation, and ethnicity.						
age, gender, religion, socioeconomic						
of every human being regardless of						
Show respect for the inflictent dignity						
Show respect for the inherent dignity						
delegating activities to others.						
Provide clear directives when delegating activities to others.						
delegating activities to others.						