

# Contracted Nurse Competency Profile

**Instructions:** This profile is for contracted (agency, traveler) licensed nurses (Registered Nurse, Licensed Practical Nurse/Licensed Vocational Nurse). Candidates will complete the competency profile prior to starting assignment. Using the scoring key, rate yourself regarding level of experience and/or skill competence.

Date:	
Candidate Name:	

## Scoring:

No / Limited Experience  
Mid-Level Experience  
Advanced Level Experience

Medication/Therapeutic Interventions	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Administer IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenteral Nutrition Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Administration (Nasal Cannula, Rebreather, Mask, Tracheostomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Controlled Analgesia (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Overdose – Naloxone Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures/Equipment	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Isolation and Transmission Based Precautions (Standard, Contact, Droplet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Feeding (Bolus/Gravity/Pump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indwelling / Suprapubic Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral IV Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous Access IV Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Irrigation and Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrostomy / PEG Tube Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic Dressing Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative Pressure Wound Therapy (e.g., Wound VAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## General

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
New Patient Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Centered Care Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient / Family Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Discharge (Home, Acute Care, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Electronic Medical Record Software

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Use of PointClickCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of MatrixCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Other Long-Term Care EMRs (e.g. AHT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Cardiovascular

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Abnormal Heart Sounds/Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation (Rate/Rhythm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Arrest/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implanted Cardioverter / Defibrillator / Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Metabolic

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Blood Glucose Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperglycemia Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Gastrointestinal

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Gastrointestinal System Assessment / Bowel Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Status Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ileostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Obstruction / Fecal Impaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## Immunology/Hematology/Oncology

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Anaphylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septicemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Musculoskeletal

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Joint Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraplegia/Quadriplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Neurological

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Neurological Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Level of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke/CVA Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Pulmonary

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Lung Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Genitourinary/Renal

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Hydration Status Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement of Intake & Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Stage Renal Disease Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Infection Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## Integumentary / Wounds

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Skin / Wound Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging of Pressure Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Injury Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venous Stasis Ulcer Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Neuropathic Wound Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Wound Care and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Facility Specific

	Advanced Level Experience	Mid-Level Experience	No / Limited Experience
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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