

Staff Member: _____
 Start Date of _____
 Competency: _____

Job Title: _____
 Unit: _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

Applicable References & Policies:	•
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
(Section Name)				
•	D S T V			
•	D S T V			
(Section Name)				
•	D S T V			
•	D S T V			
(Section Name)				
•	D S T V			
•	D S T V			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member: _____

Date: _____

Signature of Preceptor: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Notes: