ProvidenceCare
HEALTH SERVICES

Skills Competency Validation- Medical Social Worker

Applicant: Please complete the checklist by initialing and dating all experience.

Validator: Please validate all personnel skills by initialing and dating each skilled observed.
Both: Please sign and date the completed form.

Name:_____ **Date:**_____

Initial ____ **Annual**____

SKILLS	Employee Initials & Date	Employee Initials & Date	RN Validator & Date
Assessment • Health Assessment • General Appearance • Diagnosis • Nutrition • Deficits- Vision , hearing Psychosocial Evaluation • Mental Status • Coping Mechanisms • Attitude • Prognosis Social Evaluation • Home Environment • Relationships • Communication – Barriers • Interaction family, caregiver Cognitive Evaluation • Education Level • Learning Potential • Barriers Financial Evaluation • Income • Medical Insurance Safety Evaluation • Home Environment • Transportation Patient Education Patient Abuse Policy Community Resources Patient Referrals Care Coordination – Nurse, PT, MD Universal Precautions Emergency/ Disaster Protocol			

Employee Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

SWORN STATEMENT
Virginia Employees

I, _____, certify that I have never been convicted of or have any pending criminal charges within or without the Commonwealth of Virginia for any of the following crimes: murder, abduction for immoral purposes, assault and bodily wounding, robbery, sexual assault, arson, pandering, crimes against nature involving children, taking indecent liberties with children, child abuse and neglect, failure to secure medical attention for an injured child, obscenity offenses, and abuse or neglect of an incapacitated adult.

_____ _____
Signature Date

I have been advised that if the criminal background check comes back positive from the Virginia State Police, I will not be eligible for employment with Providence Care. Inc. or it will result in immediate termination of my employment. If terminated, I will be given a copy of the State Police background results report.

_____ _____
Signature Date

Given under my hand this _____ day of _____, 20__.

My commission expires _____ day of _____, 20__.

_____
Notary Public