MCC Healthcare Services, Inc.

9143 S. Kedzie Avenue • Evergreen Park, Illinois 60805 • (708) 581-7700 • Fax (708) 581-7999

SKILLS ASSESSMENT CHECKLIST

Name: ______________________________ Date: ____________

License # (and State): ________________ Expiration Date: ____________

CPR Certified ( ) yes ( ) no Expiration Date: ____________

Other Certification: Experience:

______________________________ Home Care ____________

______________________________ Skilled Visits ____________

______________________________ Medicare Visits ____________

Availability: ( ) Part Time ( ) Full Time

Days Available to Work: ________________ Weekends: ____________

Live Ins: ________________ Preferred shifts: ____________

Preferred skilled nursing visits (SNV): ______________________________

SKILLS LISTS (Please check):

( ) Trach Care ( ) Venipuncture ( ) IV Therapy

( ) Ileostomy Care ( ) Cardiac Care ( ) Specific Meds:

( ) Colostomy Care ( ) Foley Care ____________

( ) Wound Care Types: ( ) Stump ( ) Decubiti ____________

( ) Enteral Feedings ( ) Total Parenteral Nutrition (TPN*)

*If yes to TPN, describe training/experience: ______________________________

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( ) Range of Motion ( ) Transfer ( ) Gait Training ( ) Walker

( ) Use of prosthetics—which ones: ______________________________

( ) Orthopedic bed with traction

( ) Terminally ill ( ) Stages ( ) Comatose patient

( ) Assessment of home environment for durable medication equipment use ____________

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( ) O2 Therapy ( ) Concentrators ( ) FSBS Finger Stick Blood Sugar

( ) Ventilator Care ( ) Chemotherapy

( ) Other ( ) Blood Administration

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