

FRIENDSHIP CLINIC

YOUR BRIDGE TO HEALTH

Nurse Skills Checklist

DATE:

NAME:

DOB:

Last 4 # S.S.

This is for FTCA malpractice insurance credentialing.

<https://bphc.hrsa.gov/ftca/freeclinics/policies.html> Free Clinic Policy Guide

Idaho Nursing License #

School of Nursing

Degree Received

Graduated Date

Copy of current CPR/AED Training

Copy of current TB or QuantiFERON Gold Results

Immunization Records

In the **last year**, have you performed:

Training as needed

Yes No Vital Signs

Yes No Blood glucose w/ glucometer

Yes No Blood oxygen saturation

Yes No Venipuncture

Yes No Urine dip

Yes No Hemocult

Yes No Quick Strep Test

Yes No EKG 12 Lead

Yes No Steri strip application

Yes No Staple removal

Yes No Wound care/ apply dressings

Yes No Assist with & prepare supplies for suturing

Yes No Nebulizer