**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skills to be Demonstrated** | **Date**  **Demonstrated in Lab** | **Date**  **Demonstrated**  **at Clinical Site** | **Date**  **Needs Practice**  **(Unsatisfactory)** | **Date**  **Proficient**  **(Satisfactory)** | **Nurse**  **Instructor**  **Initials** | **Student Initials** |
| Handwashing |  |  |  |  |  |  |
| Alcohol-Based Hand Sanitizer |  |  |  |  |  |  |
| Gloving |  |  |  |  |  |  |
| Administering Oral Medications |  |  |  |  |  |  |
| Administering Eye Drops |  |  |  |  |  |  |
| Administering Ear Drops |  |  |  |  |  |  |
| Instilling Nasal Drops |  |  |  |  |  |  |
| Applying a Transdermal Patch |  |  |  |  |  |  |
| Administering a Vaginal Cream |  |  |  |  |  |  |
| Administering a Rectal Suppository |  |  |  |  |  |  |
| Administering Medication by Inhalation |  |  |  |  |  |  |
| Administering Subcutaneous Injections |  |  |  |  |  |  |
| Administering Intra-Muscular Injections |  |  |  |  |  |  |
| Administering Medication by Nebulizer |  |  |  |  |  |  |
| Oxygen Therapy Assistance |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Skills to be Demonstrated** | **Date**  **Demonstrated in Lab** | **Date**  **Demonstrated**  **at Clinical Site** | **Date**  **Needs Practice**  **(Unsatisfactory)** | **Date**  **Proficient**  **(Satisfactory)** | **Nurse**  **Instructor**  **Initials** | **Student Initials** |
| Administering Topical Medications |  |  |  |  |  |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Initials: \_\_\_\_\_\_\_\_\_

Nurse Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: ­­­­­­\_\_\_\_\_\_\_\_