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

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

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| **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 |  |  |  |  |  |  |

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| **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: ­­­­­­\_\_\_\_\_\_\_\_