

**Chesapeake Registry Program – Work Experience Checklist – CNA/OR Tech/BHT/Sitter/ER Tech**

**Certified Nursing Assistant:**

Type of Facility	Experience as a CNA (month/year to month/year)		Per Diem	Core Staff	Demonstrated Experience in this Type of Facility:			
					I&O	Vital Signs	CPR	1:1 only
Acute Care	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Duty	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Glucose Monitor Type:								

**Sitter:**

Type of Facility	Experience as a Sitter (month/year to month/year)		Per Diem	Core Staff
Acute Care	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Private Duty	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Nursery	/	to /	<input type="checkbox"/>	<input type="checkbox"/>

**Behavioral Health Tech:**

Population	Experience as a BHT (month/year to month/year)		Per Diem	Core Staff	Demonstrated Experience with this Population:	
					Crisis Intervention	CPR
1: 1	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	/	to /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OR Tech:**

Type of Unit	Experience as an OR Tech (month/year to month/year)		Per Diem	Core Staff
General	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
ENT	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
L&D	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Laser	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
OB/GYN	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Open Heart	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmic	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
OR	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Plastic	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Total Joint	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Urology	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Vascular	/	to /	<input type="checkbox"/>	<input type="checkbox"/>
Other:	/	to /	<input type="checkbox"/>	<input type="checkbox"/>

**NOTES:**

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**ER Tech:**

Type of Unit	Experience as an ER Tech (month/year to month/year)			Per Diem	Core Staff
EMT	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Critical Care	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Vital Signs	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
I&O	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Pulse Ox	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
IV Insertion	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
EKG (12lead)	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
CPR	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Ambulate/transfer	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Crutch walking	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Splinting	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Enemas	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Cath insert/care	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Urine specimen	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Stool specimen	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
NG tube insert	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Non-sterile wound dressing	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Simple Wound Care	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Isolation	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>
Yanker Oral Suction	/	to	/	<input type="checkbox"/>	<input type="checkbox"/>

**NOTES:**

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**Employee Name (printed)**                      **Employee Signature/ "VIA TELEPHONE" (updates only)**                      **Date /  Update**

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**Agency**                      **Reviewed by (Signature & Credentials [i.e, RN])**                      **Date**