

Age Specific Checklist Self Evaluation

Name:

Date:

I am confident that I can demonstrate the knowledge and skills necessary to provide care based on physical, psychosocial, educational, safety and related criteria appropriate to the patients serviced in my assigned area who are in the age groups noted in the chart below. The skills and knowledge needed to provide such care were gained through education, training, and experience.

| | <i>I possess the minimum knowledge, skills and abilities for the following patient populations:</i> | | | | | | | | | | | | | | |
|---|---|----|-----|-------------------|----|-----|--------------------|----|-----|--------------|----|-----|-------------------|----|-----|
| | Neo-Natal | | | Pediatrics | | | Adolescence | | | Adult | | | Geriatrics | | |
| | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| Knowledge of growth and development | | | | | | | | | | | | | | | |
| Ability to assess age specific data | | | | | | | | | | | | | | | |
| Ability to provide age specific data | | | | | | | | | | | | | | | |
| Possess communication skills necessary to interpret age specific response to treatment | | | | | | | | | | | | | | | |
| Ability to involve family or significant others in decision making related to plan of care | | | | | | | | | | | | | | | |

Signed By _____

Date _____