



MEDICAL STAFFING, LLC

CERTIFIED NURSING ASSISTANT SKILLS EVALUATION - SELF ASSESSMENT

Level Of Proficiency

Date _____

Name _____

Signature _____

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level...

Certified Nursing Assistant	A	B	C	D		A	B	C	D
						Elimination (cont.)			
Documentation						Assist with ostomy change			
Clinical note						Empty Foley catheter bag			
						Empty drainage bag			
Personal Care						Other: (list)			
Total bed bath									
Tub bath									
Shower						Activity			
Sponge bath						Repositioning			
Sitz bath						Walk with assistance			
Hair care						Walk with supervision			
Shampoo						Up in chair			
Nail and foot care						Dangle			
Skin care						Walker			
Perineal care						Passive range of motion			
Oral care						Active range of motion			
Denture care						Transfer			
Shave						Hoyer lift			
Assist with dressing						Assist with exercise program			
Other: (list)						Other: (list)			
Elimination						Observation			
Monitor bowel movements						Temperature			
Measure output						Oral			
Bedpan						Axillary			
Bedside commode						Tympanic			
Assist to bathroom						Rectal			
Assist with bowel program						Respiration			

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Certified Nursing Assistant	A	B	C	D		A	B	C	D
Blood pressure					Care of Patient Environment				
Weight					Linen change				
					Complete bed change				
Nutrition					Cleaning				
Regular									
Low salt									
Low fat					Infection control				
Bland					Universal precautions				
Mechanical soft					TB precautions				
Diabetic					Blood borne pathogens				
Serve meal					Disposal of hazardous waste				
Assist with feeding									
Encourage fluids									
Fluid restriction									
Other: (list)									

Applicant Signature _____

Date _____

Applicant Name & Title (please print) _____