Name: **Date**:

LEVELS OF PROFICIENCY

0 - No Experience | **1** - Some Experience: require assistance/supervision | **2** - Experienced: minimal support needed to perform | **3** - Very Experienced: can perform well independently

PLEASE CHECK THE APPROPRIATE COLUMN THAT MOST ACCURATELY REFLECTS YOUR LEVEL OF EXPEREINCE:

Skills	0	1	2	3	Skills	0	1	2	3
Outbreak Investigation					Public Education				
Outbreak Surveillance					Policies & Procedure Development				
Outcome Data Collection					Risk Assessment & Reduction				
Outcome Data Analysis					Staff Management				
Outcome Data Interpretation					New Construction / Renovation				
Multi-Drug Resistant Organisms (MDRO)					Employee Health				
Blood Borne Pathogens					Corrective & Actions Planning				
Urinary Tract Infections					Performance Improvement				
Surgical Site Infections					Mentoring				
Hand Hygiene					Change Management				
Implementing Prevention / Control Measures					Ambulatory Care				
Continual Survey Readiness					Ambulatory Surgery Centers				
TJC Standards/Compliance					Acute Care Hospitals				
TJC On-Site Surveys					Long term Care				
CMS Regulations/Compliance					Behavioral Health				
CMS On-Site Surveys					Home Health				
DNV Standards/Compliance					TheraDoc				
DNV Surveys					MedMined				
AAAHC Regulations					SafetySurviellor				
CDC IP Guidelines					Meditech				
Mock Surveys					Epic				
Isolation Precautions					McKesson				
Bioterrorism					Cerner				
Pandemic Readiness					Siemens				
OSHA					Midas				
NHSN Reporting					AICE				
Program Development					Other Surveillance Software				
Staff Education									

Patient Population Experience

Pediatric: ☐   Adult: ☐   Geriatric: ☐

By signing this document, I acknowledge that the information I have provided above is true and accurate to the best of my knowledge. I authorize Galileo Search, LLC to share the above skills checklist with their clients.

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Signature