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 Casselberry FL 32707
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 www.medteamstaffing.com

PROFILE

SKILL LEVELS

Name:
 Date:
 Classification:
 Total years of experience:
 Clinical area of competence within 3 years:

1 = Performed infrequently (1-5 times per month)
 2 = Average (6-14 times per month)
 3 = Extensive experience (15 or more times per month)

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL EQUIPMENT

AGE SPECIFIC COMPETENCE	SKILL LEVEL		
	1	2	3
Neonates/Newborns (birth - 30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants (30 days - 1 year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler (1 - 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschooler (3 - 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Children (5 - 12 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents (12 - 18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Adults (18 - 39 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Adults (39 - 64 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults/Geriatrics (64 + years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPERIENCE	SKILL LEVEL		
Cardiovascular (CARDIO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye/Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology (GYN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuro Surgery (NEURO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic (ORTHO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARTING	SKILL LEVEL		
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOAPIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilization Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart Review/Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANESTHESIA EQUIPMENT	SKILL LEVEL		
	1	2	3
Blood Warmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinamap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Omeda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAO ² Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrogen Controls :			
Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermia Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUTO SUTURES	SKILL LEVEL		
EEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgichip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.A.30 55 90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYSTO/GU	SKILL LEVEL		
Continuous Flow Resectoscope			
Cysto Table + Stirrups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU Video Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karl Storz Calcutripter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephroscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ureteroscopes :			
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long(ACMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL/ENT	SKILL LEVEL		
ENT Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT/Dental Video Set-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DERMATOMES	SKILL LEVEL		
Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padgett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermamesher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expertise/Experience Not Listed:

Date each page completed
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Date :
 Initials :

Last Name

First Name

Middle Initial

INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY FOR ALL EQUIPMENT

	SKILL LEVEL				SKILL LEVEL		
	1	2	3		1	2	3
EYE/OPHTHALMOLOGY							
Alcon Microvit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mini Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryo Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Midas Rex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diathermy Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ototome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frigitronic Cryo Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stryker Drill/Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect ophthalmoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthes Air Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthes Universal Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zimmer Micro Drill/Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ocutome/Fragmatome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zimmer Wire Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phako Emulsifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL EQUIPMENT			
Site/Phaco Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autoclaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weiss microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stirrups(Hanging + Padded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetfield Cautery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GYN							
Zimmer CDIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valley Lab Cautery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysteroscopy Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karl Storz Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmonic Scalpel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twin Video Set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nezhat Dorsey Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cholangiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysteroflater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Picture Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEURO ROOM							
Andrews Spinal Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabot Irrigation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.U.S.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argon Beam Coagulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraves Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vital Vue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intracranial Pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slush/Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mallis Bipolar Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machine (Sani Serve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microscope (Including Balancing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burn Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuro Headrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LASER			
Neuro Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPEDICS							
3M Arthroscopy Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CO2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthroscopy Equipment				Argon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthralpasty Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Candela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acufex Shoulder Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Concept cautery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Video monitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
+ Light Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fracture Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Amsco Fracture Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Chick Fracture Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Dyonics Video Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Andrews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Karlin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Image Intensifier Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ortho LAV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ortho/Plastic/GYN Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tourniquets(Arm & Leg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Zimmer Pulsavac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
POWER EQUIPMENT							
Craniotome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Dyonics (Drill/Saw/Reamer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hall 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Maxi Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Date each page completed

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Clearly Initial

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First Name

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SKILL LEVELS

INDICATE IF YOU CAN "S" SCRUB AND / OR "C" CIRCULATE FOR EACH PROCEDURE

INDICATE CLINICAL SKILL COMPETENCE AND LEVEL OF PROFICIENCY FOR EACH PROCEDURE

1 = Performed infrequently(1-5 times per month)

2 = Average(6-14 times per month)

3 = Extensive experience(15 or more times per month)

	SKILL LEVEL				
	S	C	1	2	3
CARDIAC SURGERY					
Aortic Valve Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery By Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mitral Valve Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.S.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.D.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.S.D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL SURGERY					
Jaw Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandibular/Maxillary Osteo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth Extractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT					
Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esophagoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Polypectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parotidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radical Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septoplasty/Caldwell-Luc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stapedectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submucous Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EYE/OPHTHALMOLOGY					
Extraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraocular Lens Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scleral Buckling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corneal Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitrectomy w/Argon Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iridectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPLANTS					
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart/Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DONOR HARVESTING					
Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart/Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	SKILL LEVEL				
	S	C	1	2	3
GENERAL SURGERY					
Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Perineal Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vein Stripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Port-a-Cath/Vascath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenchoff Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic Cholecystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic - Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic - Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic - Bowel Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic - Cases w/Yag Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penile Implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GYNECOLOGY/GYN					
C - Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABD Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radical Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marshall Marchetti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anterior/Posterior Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Conization w/Co2 Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operative Laparoscopy w/Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopy w/Yag Laser & Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAVH - Laparoscopic Assisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEURO SURGERY					
Transphenoidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypophysectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Laminectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Lam(Ant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Lam(Post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulnar Nerve Transposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular Periotoneal Shunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist Drill Craniotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhizotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterotatic Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crutchfield Tong insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harrington Rodding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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INDICATE IF YOU CAN "S" SCRUB AND / OR "C" CIRCULATE FOR EACH PROCEDURE

INDICATE CLINICAL SKILL COMPETENCE AND LEVEL OF PROFICIENCY FOR EACH PROCEDURE

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	SKILL LEVEL				
	S	C	1	2	3
NEURO SURGERY					
Lumbar fusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microdisectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steffe Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventriculostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHOPEDICS					
A.C.L. Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.R.I.F. Hip/Femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.R.I.F. Small Bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.R.I.F. W/Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthes Instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.R.I.F. W/DRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bunionectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Fixation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Llizarov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACL - Anterior Cruciate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acromioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bankhart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotator Cuff Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amputation : Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLASTIC SURGERY					
Abdominoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tram w/Breast Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Lepectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blepharoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chin Augmentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronal Brow Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liposuction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scar Revision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THORACIC					
Lobectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediastinoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A - V Fistula/gortex - graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiatal Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rib Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	SKILL LEVEL				
	S	C	1	2	3
UROLOGY					
Hypospadias Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uretero Neocystomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Augmentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric Cystoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percutaneous Nephro - Lithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystectomy w/Lleal Conduit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasovasotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penile Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Suspension/Vaginal Sling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ureteroscopy/Cytoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ureteroscopy w/Candela Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TURP w/Yag Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VASCULAR					
Aorto - iliac By Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A - V Shunt Insertions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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