



## CERTIFIED-REGISTERED NURSE ANESTHETIST SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

**Instructions:** Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

### Self-Assessed Experience Rating Scale

1 = No Experience      2 = Minimal Experience      3 = Performs well/competent      4 = Supervise and Teach

Skills:	1	2	3	4
<b>Work Settings:</b>				
20-50 Bed Hospital				
50-100 Bed Hospital				
100-200 Bed Hospital				
200-400 Bed Hospital				
More than 400 Beds				
Outpatient Surgery Center				
Office Anesthesia Practice				
<b>Anesthetic Type:</b>				
<b>General Anesthesia</b>				
IV Induction				
Mask Induction				
Total IV Anesthesia				
<b>Regional Anesthesia</b>				
Epidurals				
Spinals				
Axillary Blocks				
Bier Blocks				
Ankle Blocks				
Interscalene Blocks				
Retrobular Blocks				
<b>Pediatric Anesthesia:</b>				
Less than 1yr.				
Less than 5yrs.				
Less than 10yrs.				

Skills Continued:	1	2	3	4
<b>Anesthesia Procedures:</b>				
Open hearts				
Vascular				
Trauma				
ENT				
Plastics				
ECT's				
Orthopedics				
Neurosurgical				
Thoracic				
Pediatrics				
OB				
<b>Invasive Monitoring:</b>				
Central Line Placement				
Arterial Line Placement				
Swan Ganz Placement				
Monitoring Central Line				
Monitoring Arterial Line				
Monitoring Swan Ganz				
<b>Other Expertise: (list)</b>				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Age Specific Practice Criteria:</b>				
Newborn/ Neonate (Birth - 30 days)				
Infant (30 days – 1 yr)				
Toddler (1 – 3 yrs)				
Pre Schooler (3 – 5 yrs)				
School Age Children (5 – 12 yrs)				
Adolescents (12- 18 yrs)				
Young Adults (18 – 39 yrs)				
Middle Adults (39 – 64 yrs)				
Older Adults (64 + yrs)				
<b>Experience with Age Groups:</b>				
Able to Adapt Care to Incorporate Normal Growth and Development				

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (Print)