



OCCUPATIONAL THERAPIST 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
Assessment & Care of Patient With or Requiring				
Orthopedic				
Hand Injury				
Arthritis Programs				
Total Joint Replacement/ Upper Extremities				
Total Hip/ Knee Replacement				
Hip Fractures				
Mobilization Techniques				
Neurologic				
Stroke Rehabilitation				
Head Trauma				
Spinal Cord Injury:				
Functional Splinting				
Adaptive Equipment				
Wheelchair Evaluation				
Psychiatric				
Standardized Assessment Tools				
Group Treatment				
Substance Abuse				
Crisis Intervention				
Acute Disorders				
Chronic Disorders				

Skills Continued:	1	2	3	4
Community Re-entry				
Depression				
Prosthetics/Orthotics/Functional Training				
Above Knee Prosthetics				
Below Knee Prosthetics				
Upper Extremity Prosthetics				
Orthoplast				
Static Splints				
Dynamic Splints				
Serial/ Inhibitory Casting				
Adaptive Equipment				
Assessment				
Fabrication				
Wheelchair				
Functional Activities:				
Home Environment				
A.D.L.s				
Pre-discharge Planning				
Splinting				
Vocational Training				
Perceptual Assessment				
Cognitive Assessment				
Work Hardening				

Skills Continued:	1	2	3	4
Functional Capacity Evaluation				
Pediatrics				
Neurodevelopmental Testing				
Developmental Testing				
Sensory Integrative Testing				
Visual Perceptual Skills Testing				
Orthotics				
Equipment Assessment:				
Wheelchair Positioning Device				
Activities of Daily Living				
Modalities				
Biofeedback				
Muscle Stimulation				
Fluidotherapy				
Paraffin Bath				
Edema Massage				
Feeding Techniques				
Oral Motor Facilities				
Therapeutic Pool				
TENS				
Other				
Work Capacity Evaluation				
Work Hardening :				
BTE				

Skills Continued:	1	2	3	4
Valpar				
Job Task Analysis				
Cardiac Rehabilitation				
Burn Management				
Back Injuries				
Equipment and Procedures				
Developmental Disabilities				
Home Accessibility				
Driving Evaluation				
Group Dynamics				
Therapeutic Media				
Cognitive Retraining				
Other (specify):				
Experience in Primary Areas				
Hospitals				
Clinics				
Nursing Homes				
Home Health				
Certifications				
BLS				
ACLS				
Accrediting Agency:				
Name of agency				

My Experience Is Primary In:	Number of Years:
General Acute Care	
Rehab Clinic	
Rehabilitation Hospital	
Children's Hospital	
School System	
Home Health Care	
Outpatient Clinic	
Skilled Nursing Facility	
Industrial Medicine	
Psychiatric Hospital	
Work Hardening	
Other:	

1. Age Specific Practice Criteria	1	2	3	4
Adolescents (12 – 18 years)				
Young Adults (18 – 39 years)				
Middle Adults (39 – 64 years)				
Older Adults (64+ years)				
2. Care of Patient with:				
Able to adapt care to incorporate normal growth and development				
Able to adapt method and terminology of patient instructions to their age, comprehension, and maturity level.				
Can ensure a safe environment, reflecting specific needs of various groups.				

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (i.e. 1/31/2007).

Certification:	Expiration Date:
BCLS	

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)