



CMA Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing an X in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Physician Practice				
Taking and Recording Ht. And Wt.				
Recording of History				
Blood Pressure				
TPR				
Recording Vital Signs				
Blood collection by venipuncture/phlebotomy				
Blood collection by capillary stick				
Knowledge of colors of test tube				
Urine collection/urinalysis				
Specimen handling and labeling				
Ability to perform EKG				
Injection:				
Intramuscular				
Subcutaneous				
Intradermal				
Wound dressing and changing				
Sterile technique				
Assisting in biopsies				
Assisting in suture or staple removal				
Knowledge of Universal Precaution				
Assisting in telephone triage				
Assisting in clerical duty				
Physician Practice				
Cosmetic Surgery				
Dermatology				
Family practice				
Internal medicine				

Skill Level	1	2	3	4
Physician Practice cont...				
Geriatrics				
OB-GYN				
Oncology				
Ophthalmology/Optomtrist				
Orthopedic				
Pediatrics				
Psychiatry				
Urology				
Age Appropriate Care				
Newborn (Birth-30days)				
Infant (30 Days – 1 year)				
Toddler (1-3 years)				
Preschooler (3-5 years)				
School Age (5-12 years)				
Adolescents (12-18 years)				
Young Adult (18-39 years)				
Middle Adult (39-64 years)				
Older Adult (64 + years)				
EMR				
Allscripts				
Cerner				
Epic				
HomeCare Home Base				
McKesson				
Meditech				
Other Computerized Documentation System				

I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Signature: _____ Date: _____