



Dietitian Nutritionist

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 a **check** (✓) 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		Skill Level	1	2	3	4
Setting						General				
Adult day care						Develop individualized plan of care				
Rehab facility						Implements specific plans of care				
School system						High nutritional risk patients				
Hospital						Oral feeding				
Nursing home/Long term care facility						Tube feeding				
Private practice						Hyperalimentation				
Outpatient setting						Computerized food service management system				
Sports medicine clinic						AAA (Area Agencies on Aging)				
Women/Infant/Children						2000 Dietary guidelines				
						FDA food code practices				
Clinical						Compliance with Food Protection Program				
Renal diets						Facility budgets for food and supplies				
Vegetarian diets										
Allergy diets						Education and Research				
Burn patients						Food chemistry				
Cancer patients						Labeling regulations				
Eating Disorders						Nutritional issues				
Parenteral nutrition										
TPN										
Pediatric nutrition						EMR				
Weight management						Allscripts				
Wellness maintenance						Cerner				
Cardiovascular diets						Epic				
Diabetic diets						Homecare Home Base				
Food and drug interactions						Mckesson				
Pregnancy and nutrition						Meditech				
Osteoporosis						Other computerized documentation system				
GI dysfunctions										
Immune disorders										
Adolescent nutrition										
Wounds/ bedsore management										

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.

Nurse Signature: _____ Date: _____