



CHESAPEAKE
MEDICAL STAFFING

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Verification of Annual Educational Competencies Mandatory for Health Care Providers

Annual Educational Competencies

Please confirm you have met the annual review requirements for the following annual education competencies for JCAHO/OSHA/HIPAA standards at a site other than Chesapeake Medical Staffing. Please have each requirement initialed by a **health care educator/supervisor** to verify completion of each training.

Employee Name (print): _____ Date: _____

Employee Signature: _____

Initials

Requirement

- _____ 2010 National Patient Safety Goals
- _____ Cultural Diversity
- _____ HIPAA
- _____ Infection Control
- _____ Airborne Pathogens (Tuberculosis, SARS, and Avian Influenza)
- _____ Bloodborne Pathogens (Hep B, Hepatitis, HIV, standard precautions, PPE, work practice controls, engineering controls, and exposure incident)
- _____ Violence and Abuse (Domestic violence, vulnerable adult abuse & neglect, child abuse, and violence in the workplace)
- _____ Safety and Hazard Communication (universal codes, disaster plan, bomb threat plan, latex allergies, chemical safety “right to know”, and fire/electrical safety)
- _____ Emergency Preparedness
- _____ Age Specific

Instructor’s Name: _____ Instructor’s Signature: _____

The above training was completed at: _____
(Name of Hospital/Training Site)

Date training completed: ____/____/____