



Health Services Skill Standards Checklist

Student Name School District

YA Coordinator YA Consortium

High School Graduation Date

SPECIALTY AREAS COMPLETED:

- Health Care Foundations (HCF)
 2 of 3 units (Diagnostic, Information, Therapeutic)
- Health Information Management (HIM)
- Medical Assistant (MA)
- Nursing Assistant (NA)
- Pharmacy Technician (PHARM)

Core Abilities*

- required for each specialty area

Level One *Requirements:*

- *Students must complete all listed below*

- __ Core Abilities & Job Shadow
- __ Minimum of one Specialty Area
- __ 2 semesters related instruction
- __ Minimum of 450 work hours

Level Two *Requirements:*

- *Students must complete all listed below*

- __ Core Abilities & Job Shadow
- __ Minimum of **two** Specialty Areas
- __ 4 semesters related instruction
- __ Minimum of 900 work hours

Total

Hours

Employed

Company Name

Phone Number

INSTRUCTION FOR THE WORKSITE MENTOR(S) AND INSTRUCTOR(S)

The Skill Standards Checklist is a list of the competencies (tasks) to be achieved through mentoring at the worksite.

The worksite mentor should rate each competency as the student acquires and demonstrates the skill *according to the performance criteria*

A competency may be revisited and the score raised as the student becomes more proficient at the worksite

The mentor and student should go over this checklist together regularly to record progress and plan future steps to complete the required competencies.

CERTIFICATION: I certify that this student has successfully completed the competencies required in my department. Circle your YA role, sign and print your name, and complete with the date and the name of your department.

SIGN this page IF you have been a mentor, trainer, or instructor of this student

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Mentor/Trainer/Instructor Signature	Mentor/Trainer/Instructor Signature
Printed Name	Printed Name
Department	Department
Date Signed	Date Signed

Operational Program Notes for Skill Standards Checklist

1. **Condition Codes** indicate where the competency should be demonstrated.

W- Demonstrate competency at the worksite in real life application

O- Competency is completed through observation only

S - Competency can be demonstrated in a simulation in the classroom OR in simulation at the worksite

Competency mastery for sign off should NOT be demonstrated in simulation or classroom unless designated by an S.

- IF the facility does NOT offer the opportunity to master the competency, then arrangements must be made with the YA coordinator for competency mastery elsewhere

Rate the student on the competencies regularly and revisit the competencies with the student periodically to offer the opportunity for an improved rating

Arrangements must be made to ensure that the student learns, practices, AND masters each competency **even if** that competency is not part of their regular job function

2. Job Shadow

A Job shadow provides students with an opportunity to explore first hand some of the career options in health services. To meet minimum requirements students complete at least one job shadow per Specialty Area. It is recommended that the first Job Shadow be done prior to YA program entry to assist students with selection of a specialty area OR at least as early in the program as possible. The job shadow is considered a classroom assignment and is to be monitored for completion by the instructor or YA Coordinator.

Job Shadow hours;

count towards required 180 class work hours/year

do **NOT** count towards worksite hours

are **NOT** paid as work time

3. Rating Scale:

3 = Exceeds entry level criteria/Requires no prompting/Consistently displays this behavior.

2 = Meets entry level criteria/Requires some assistance or prompting/Often displays this behavior.

1 = Needs improvement/Requires much assistance/Rarely displays behavior.

ALL HEALTH SERVICES YOUTH APPRENTICES

Core Abilities <i>Core Abilities are skills and knowledge required for all health care workers. Aligned with the National Health Care Core Skill Standards.</i>		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Utilize applicable academic knowledge	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicate effectively in person	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communicate effectively on the phone	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate effectively in written form	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrate employability skills	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Exhibit legal responsibilities	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Practice ethical behaviors	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Practice infection control	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follow personal safety requirements	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Manage common safety hazards	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Demonstrate professional role in an emergency	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Use information technology applications	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Core Ability curriculum for the Pharmacy Technician Specialty Area requires additional information specific for pharmacy technicians and the material they need to know to sit for the PTCE. SEE the specific Health Services YA Pharmacy Technician Specialty Area curriculum package for those additions.

Job Shadowing <i>Provide students with an opportunity to explore first hand some of the career options in health services.</i>		Completed Task (verified by)	
1. Job Shadow health service practitioners	<input type="checkbox"/>	Yes	Mentor
2. Produce Job Shadowing Journal	<input type="checkbox"/>	Yes	Instructor or YA Coordinator

SEE "Job Shadow" on page 3 for more detail.

Condition Codes:

W = Demonstrate competency at the worksite in real life application

O = Competency is completed through observation only

S = Competency can be demonstrated in a simulation in the classroom OR in simulation at the worksite

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HEALTH CARE FOUNDATIONS (HCF)

CHOOSE 2 of the following 3 UNITS for **worksite** competencies.

Students performing CNA functions *are required* to earn CNA certification through a DHFS approved CNA program with DHFS approved instructors.

CNA Registry Number:

Diagnostic Services		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Instruct clients in the collection of stool and/or urine specimens	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Collect stool and urine specimens	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist in collecting specimens other than urine/fecal	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assist in performing macro-urinalysis	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist in performing laboratory testing	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assist in preparing diagnostic agents	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assist in diagnostic imaging	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Set up area for client procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist in explaining procedures to client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Assist in administering procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Maintain and QC lab equipment	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Perform an inventory of supplies, equipment, and/or medications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Order and receive supplies and equipment	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Transfer client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information Services		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Manage business documentation functions--HIM	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Create and/or maintain the client record	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify client and/or insurance information--HIM	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Perform records management	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Maintain equipment	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Manage patient appointments	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assist with performing admit, discharge, and transfer functions	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist with coding for client billing	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HEALTH CARE FOUNDATIONS (HCF) (CONTINUED)

Therapeutic Services		Minimum rating of 2 for EACH Check Rating		
		1	2	3
1. Obtain client record information	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chart objective information on client records	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Measure temperature, pulse, and respirations	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Measure blood pressure	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Measure client weight and height	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Set up area for client procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assist in explaining procedures to client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist in administering procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Monitor client response to procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Position client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Transfer client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Transport client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Assist with the application of hot and cold applications to the skin	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist in determining client target heart rate	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assist client with prescribed exercise program	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Assist client with gait training	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Assist in application/adjustment of orthotic and assistive devices	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Apply ace wrap	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Respond to basic emergencies with first aid measures	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HEALTH INFORMATION MANAGEMENT (HIM)

Documentation		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Create and/or maintain the client record	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Verify client and/or insurance information--HIM	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Perform records management	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Process health information requests	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Manage business documentation functions--HIM	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assist with performing admit, discharge, and transfer functions	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operations		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Use computer systems to process information	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use common business software applications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prepare various reports	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintain equipment--HIM	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information Systems		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Verify system information is accurate and complete	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist with analysis of system functions to improve efficiency	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist with data security and access control	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Abstracting and Coding		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Locate information in the client record	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assist with transcribing medical orders	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist with coding for client billing	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assist with reporting health care statistics	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist with vital statistic and mandatory state reporting functions	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assist with disease/procedure registry functions	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MEDICAL ASSISTANT (MA)

Students *are required* to earn CNA certification through a DHFS approved CNA program with DHFS approved instructors AND to take a Medical Terminology course to participate in the apprenticeship.

CNA Registry Number:

NOTE: This Youth Apprenticeship is NOT an accredited medical assistant training program for certification as a medical assistant.

Clerical		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Manage business documentation functions	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Create and/or maintain the client record	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complete client identification labels	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. File manual client records	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Perform an inventory of supplies, equipment, and/or medications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Order and receive supplies and equipment	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Verify insurance information	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Manage patient appointments	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Maintain a cash drawer	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Instruct clients in the collection of stool and/or urine specimens	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Collect stool and urine specimens	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist in collecting specimens other than urine/fecal	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Assist in performing macro-urinalysis	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist in performing laboratory testing	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Maintain and QC lab equipment	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MEDICAL ASSISTANT (MA) (CONTINUED)

Clinical		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Obtain client record information	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chart objective information on client records	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Position client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Measure temperature, pulse, and respirations	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Measure blood pressure	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Measure client weight and height	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Set up area for client procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist in explaining procedures to client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist in administering procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Monitor client response to procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Assist with the administration of topical and/or oral medications	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assist with the administration of parenteral medications or immunizations	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Perform choking maneuver	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Perform CPR	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Respond to basic emergencies with first aid measures	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NURSING ASSISTANT (NA)

Students *are required* to earn CNA certification through a DHFS approved CNA program with DHFS approved instructors.

CNA Registry Number:

Fundamental Client Care		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Measure temperature, pulse, and respirations	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Measure client weight and height	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Position client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Transfer client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Transport client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ambulate client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Make occupied and unoccupied bed	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist client with eating	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist client with oral hygiene	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Assist client with grooming--hair care	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Assist client with grooming--nail care	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Assist client with grooming--dress and undress	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Assist client with grooming--shaving	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist client with bathing	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Give bedbath	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Provide client skin care	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Assist client in performing range of motion exercise	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Assist client with bowel and bladder elimination	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Measure client intake and output	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide client comfort measures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Use isolation techniques	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Assist with care of dying client	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assist with postmortem care	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Perform choking maneuver	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NURSING ASSISTANT (NA) (CONTINUED)

Advanced Client Care		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Obtain client record information	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chart objective information on client records	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Measure blood pressure	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Set up area for client procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assist in administering procedures	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Apply nonprescription topical medications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assist with the application of hot and cold applications to the skin	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Instruct clients in the collection of stool and/or urine specimens	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Collect stool and urine specimens	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Care for client with a urinary catheter	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Perform CPR	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Respond to basic emergencies with first aid measures	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PHARMACY TECHNICIAN (PHARM)

This Specialty Area will prepare the YA student to sit for the PTCE once they turn 18 years of age AND graduate high school. Recommended for Seniors only.

NOTE: Core Ability curriculum for the Pharmacy Technician Specialty Area requires additional information specific for pharmacy technicians and the material they need to know to sit for the PTCE. SEE the specific Health Services YA Pharmacy Technician Specialty Area curriculum package for those additions.

Assist the Pharmacist in Serving Patients		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Obtain client record information	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Create and/or maintain the client record	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accept prescription/medication orders	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Process the prescription/medication order	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Complete client identification labels	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Perform calculations for prescription/medication orders	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prepare topical and/or oral finished dose form medications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Assist with preparing a compounded prescription/medication order	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assist in preparing diagnostic agents	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Assist with the preparation of parenteral therapy/medications	W/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Provide the medication to the client	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintain Medication and Inventory Control		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Perform an inventory of supplies, equipment, and medications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Order and receive supplies and equipment	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintain and QC supplies, equipment, and medications	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participate in Administration and Management of Pharmacy Practice		Minimum rating of 2 for EACH Check rating		
		1	2	3
1. Maintain a cash drawer	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Merchandise retail items in a pharmacy	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Manage business documentation functions	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify insurance information	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Update client pharmaceutical information	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Participate in quality assurance practices	W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Condition Codes:

W = Demonstrate competency at the worksite in real life application

O = Competency is completed through observation only

S = Competency can be demonstrated in a simulation in the classroom OR in simulation at the worksite

Rating Scale:

3 = Exceeds entry level criteria/Requires no prompting/Consistently displays this behavior.

2 = Meets entry level criteria/Requires some assistance or prompting/Often displays this behavior.

1 = Needs improvement/Requires much assistance/Rarely displays behavior.

ADDITIONAL CERTIFICATIONS, TRAINING, SEMINARS, PROJECTS

Please detail any additional certifications earned, training & seminars attended, and/or projects completed during the course of the Health Services Youth Apprenticeship.

Attach additional pages as needed.

1. Date Completed:

Description:

Notes/Comments:

Signature: _____

2. Date Completed:

Description:

Notes/Comments:

Signature: _____

OTHER Notes or Comments: