

CENTRAL STATE HOSPITAL

Employee Competency Checklist (Annual Assessment)

Employee Name:
Title:
DDO/Unit:
Date current license/certification expires:

Indicate completion by placing a checkmark or write N/A if not required.	Due to Human Resources With PMF
	Performance Management Form Completed
	Mandatory Training Requirements Per Matrix and Ongoing
	Competency Evaluation: Skills Checklist/Equipment Checklist
	Verification of Current License/Certification (if required): Professional License CPR Commercial Drivers License (CDL) State Drivers License
	Annual Physical Screening

EMPLOYEE CERTIFICATION

I verify that I have received, reviewed, and understand my responsibilities as described in my Performance Management Form.

Employee Signature	Date	Evaluating Supervisor	Date
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SUPERVISOR CERTIFICATION

I verify that the above named employee has completed all of the above requirements applicable to the review period.

Evaluating Signature	Date	DDO/Unit Director	Date
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