

Rancho Cucamonga Branch:  
8300 Utica Ave., Suite 192  
Rancho Cucamonga, Ca. 91730  
Phone 877-STAFF-98 / Fax 866-337-0209

**RESPIRATORY SKILLS CHECKLIST**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

By accurately filling out this checklist, you will help us best match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

**LEVEL OF PROFICIENCY:**

**1 = Can function well independently      2 = Experience but may need review**

**3 = Limited or no experience**

	1	2	3
<b>Floor Therapy</b>			
<b>Critical Care</b>			
<b>Ventilators</b>			
Type:			
Type:			
Type:			
<b>CARDIOVASCULAR</b>			
<b>Cardio/Resp Arrest Team</b>			
<b>Arterial Monitoring</b>			
<b>Pulmonary Artery Monitoring</b>			
<b>CVP</b>			
<b>EKG's</b>			
<b>Halter EKG</b>			
<b>Stress Testing</b>			
<b>Cardiac Output Monitoring</b>			
<b>IABP</b>			
<b>PEDIATRIC</b>			
<b>Resuscitation</b>			
<b>Intubation</b>			
<b>Extubation</b>			
<b>Ventilators:</b>			
Type:			
Type:			
Type:			
<b>NEONATAL</b>			
<b>Resuscitation</b>			
<b>Intubation</b>			

<b>Extubation</b>			
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Assist in High Risk Delivery</b>			
<b>Aerosol Treatment</b>			
<b>CPT</b>			
<b>Ventilators:</b>			
<b>Type:</b>			
<b>Type:</b>			
<b>Type:</b>			
<b>OTHER SKILLS</b>			
<b>Ambulance Transport</b>			
<b>Portable Respiratory</b>			
<b>Equipment</b>			
<b>Ventilators</b>			
<b>Type:</b>			
<b>Type:</b>			
<b>Type:</b>			
<b>Pulmonary Function Testing</b>			
<b>Arterial Blood Gases</b>			
<b>Drawing</b>			
<b>Analysis</b>			
<b>Insertion of A-Lines</b>			
<b>Adult Intubation</b>			
<b>Adult Extubation</b>			
<b>SETTINGS</b>			
<b>Hospital</b>			
<b>Home Health</b>			
<b>Mobile Unit</b>			
<b>Clinic</b>			
<b>Research</b>			
<b>Other:</b>			

**Certified IKG Technician** \_\_\_\_\_ (Yes or No)    **# of Years** \_\_\_\_\_

**Arterial Blood Gas Tech** \_\_\_\_\_ (Yes or No)    **# of Years** \_\_\_\_\_

**Certification Eligible:** \_\_\_\_\_ (Yes or No)    **CRTT#:** \_\_\_\_\_

**Registry Eligible:** \_\_\_\_\_ (Yes or No)    **RRT#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_