

Final Procedure Skills Assessment Form

Candidate: Record the number of times you performed each procedure during the *ENTIRE CFA period (i.e., including those that were reported in the Interim Procedure Skills Assessment Form)*. Please add procedures if necessary. Please sign and date the form and give it to your primary assessor at the beginning of Week 12.

Assessor: Please indicate that you have observed the procedures listed, provide your assessment of the candidate's competence in each procedure, sign below and return to PRA-BC with Final CFAR report.

Candidate Name: _____

Assessor Name: _____

Procedure	Candidate to complete:	Assessor to complete:			
	# performed during ENTIRE CFA (include procedures that were reported in the Interim CFA)	Competence Not Demonstrated	Competence Partially Demonstrated	Competence Demonstrated	Not Assessed during CFA
Pelvic Examination					
Papanicolou Examination					
Breast Examination					
Rectal exam/Prostate exam					
Suturing of lacerations under local anesthesia					
Removal of sutures/staples					
Wound assessments, debridement and dressings					
Syringing ear wax/removal of ear foreign body					
Wart treatments					
I & D of abscesses					
Identifying eye foreign bodies and treatment or appropriate referral					
Punch biopsies of skin lesions					
Excision of skin lesions					
Sebaceous cyst removal					
Splinting a limb for suspected or confirmed fracture, prior to referral to ER					
Partial/total nail removal					
Removal of foreign body from nose					
Aspirating/injecting a joint					
Other procedures (please list below):					
•					
•					
•					
•					
•					
•					
•					

Assessor comments:

Candidate comments:

Candidate Signature

Date

Assessor Signature

Date