

OPTIONAL

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UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Infant Transport

Student Name _____ Date _____ Attempt # _____

Rating Scale: **0 = Inappropriate, no, incorrect, undone, absent**
 1 = Needs additional study and practice
 2 = appropriate, yes, correct, done, present

<u>ITEM</u>		<u>RATING</u>
1.	Participates in an infant transport	_____
2.	Assists in and reviews transport charting.	_____
3.	Assists restocking for next transport.	_____

Total = _____ out of 6 % = _____ 70% proficiency required to pass

Instructor's Signature: _____

Instructor's Name: _____ Credential: _____
 (Please print)

Student's Signature: _____