

Candidate Name: _____ Date of Procedure: _____

Procedure Observed: _____ DOB: _____

Location of Procedure: _____ Chart #: _____

Rate the Following:	Satisfactory	Needs Improvement	Unsatisfactory
Professional approach (includes communication, consent, and patient consideration)			
Knowledge (anatomy, technique)			
Appropriate Pre-Procedure Preparation			
Appropriate Analgesia			
Aseptic Technique			
Technical Ability			
Appropriate Post-Procedure Recommendations			

Rate the Following:	Satisfactory	Needs Improvement	Unsatisfactory
Overall Ability to Perform Procedure			

Comments: