



***CERTIFIED MEDICINE AIDE
SKILLS CHECKLIST***

- 1 – NO EXPERIENCE**
- 2 – SOME EXPERIENCE (Require assistance / supervision)**
- 3 – EXPERIENCED (Need review, can perform independently)**
- 4 – VERY EXPERIENCED (Can perform well independently)**

Please select the column that most accurately describes your experience level.

EXPERIENCE LEVEL	1	2	3	4
Medication Administration				
Side Effects of Medication				
Count and Calculate Dosage				
Using Safety Techniques with Medical Equipment				
Preparing and Maintaining Charts, Reports, and Observations				
Understand Medication Administration Records				
Understand Medical Records				
Monitor Vital Signs				
Basic First Aid				
Understanding Nursing Techniques				
Communication with Staff				

I ATTEST THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND ACCURATE .

Independent Contractor

Date

Encore Staff

Date