

# EVALUATION OF UNLICENSED STAFF'S COMPETENCY REGARDING THE ANTICIPATED EMERGENCY SAMPLE

EMERGENCY TASK: \_\_\_\_\_

PERSON: \_\_\_\_\_

UNLICENSED STAFF: \_\_\_\_\_

REGISTERED NURSE: \_\_\_\_\_

PERIODIC EVALUATION	CONTINUES TO DEMONSTRATE COMPETENCY - (YES/NO)	COMMENTS AND RN SIGNATURE