MISSISSIPPI BOARD of NURSING

MILITARY MEDICAL PERSONNEL

TRAINING VERIFICATION and COMPETENCY FORM

Section I – Personal Information			
Full Name (Last, First, Middle, Maiden)			
Address:			
Email:			
Social Security Number	Date of Birth (Month)	Day	Year
Section II – Affirmation			
Training Period	From _____ To_____		

Specify the Branch of Military Training:

- ☐ US Army Combat Medic Specialist
- ☐ US Navy Hospital Corpsman
- ☐ US Air Force Aerospace Medical Service Specialist

Date of Service for Active Duty:

From _____ To: _____

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Section III – Training/Education	
Subject Area	**Clinical Experience Verification Date(s) (Direct Patient Care)**
Nursing Fundamental	
Medical Surgical Nursing	
Maternal Nursing	
Pediatric Nursing	
Mental Health	
Emergency Medicine/Trauma	

I have confirmed that the person named in this document has completed training as one of the following: United States Army Combat Medic Specialist, United States Navy Hospital Corpsman, or United States Air Force Aerospace Medical Service Specialist.

Signature of Military Facility Manager :_____

Email Address:_____

Signature of Chief Nurse:_____

Email Address:_____

PLEASE READ CAREFULLY BEFORE SIGNING: I do hereby attest that the information submitted is true, accurate, and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Signature: _____ **Date:** _____

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Competency Checklist

Name: Last four SSN: _____

	Date Completed	Trainee Initials	Certifier Initials
Therapeutic Communication			
Telephone Etiquette			
Electronic Communication (Netiquette)			
Conflict resolution			
Professional Standards and Ethics			
Standards of conduct for patient care			
Patient rights and responsibilities			
Death and dying			
Do Not Resuscitate (DNR) orders			
Living Wills			
Durable power of attorney			
End-of-Life Care			
Legal Aspects of Patient Care			
Health Insurance Portability Accountability Act (HIPAA)			
Consent for treatment			
Fundamental Concepts and Nursing Skills			
Nutrition and Diets			
Documentation			
Focused Assessment			
Patient education			
Interventions/procedures			
Diversity (cultural, spiritual, religious)			
Activity and Rest			
Body defenses and healing processes			
Vital Signs			
Temp: Oral Rectal Axillary			
Blood pressure			
Orthostatic			
Pulse: Apical and Radial			
Respiratory Rate			
Pain Scale			
Pharmacology			
Calculations			
Rights of medication administration			
Medication Administration Record			
Documentation			
Medication Reconciliation			
Medication Administration/Indications/Side Effects/Adverse Reaction			
Vaccinations			

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	Date Completed	Trainee Initials	Certifier Initials
Medication Administration			
Oral medications			
Sublingual medication			
Subcutaneous injection			
Intramuscular injection			
Rectal suppository			
Vaginal suppository			
Ophthalmic ointments and drops			
Optic drops			
Topical			
Inhalers			
Accu-checks			
Height and weight (across the lifespan)			
Safety			
Principles of general safety			
Workplace hazards			
Hazard/accident/incident reporting			
Infection control			
Handwashing			
Sterile gloves			
Isolation			
Activity of Daily Living			
Bed			
Bed to WC			
Stretcher to Bed			
Ambulate patient			
Hoyer Lift			
Commode			
Wheelchair/chair			
Hygiene Skills			
Bath			
Shower			
Bed Making			
Elimination			
Catheter insertion			
DC catheter			
Enema			
Ostomy care			
Wound Care			
Clean dressing			
Sterile Dressing			
Wet to dry			
Wet to Wet			
Wound packing			
Apply heat and cold treatments			

	Date Completed	Trainee Initials	Certifiers Initials
Staple Removal			
Suture Removal			
Specimen Collection			
Specimen Collection			
Urine			
Routine			
Foley Cath			
Stool			
Sputum			
Drainage			
Cultures			
NG Tube Insertion			
Trach Care/ Suctioning			

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Signature: _____ Date: _____

Signature of Facilitator:_____Date:_____

Signature of Faciliator_____Date:_____