



**OPERATING ROOM SKILLS CHECKLIST**

Last

First

Date

Please mark the corresponding experience level for each section

A – Able to perform without any supervision

B – Perform infrequently (Would require some supervision)

C – No experience (Require Assistance / Supervision)

EXPERIENCE LEVEL	A	B	C
<b>A. GENERAL SURGERY</b>			
1. Cholecystectomy/Cholangiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hemorrhoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Imperforate Anus Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Radical Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vagotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Saphenous Vein Ligation and Stripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lumbar Sympathectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hepatic Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Circumcision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Abdominal Perineal Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Adrenalectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Colectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Herniorrhaphy, femoral, inguinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pancreatectomy/Pancreatogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Whipple Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Bowel Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pilonidal Cystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Hiatal Herniorrhaphy, transabdomina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Colostomy/Ileostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Anal Fissurectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Gastrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Organ Procurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Portal Caval Shunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Thyroidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. ORTHOPEDIC	A	B	C
1. Amputation: arm/leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Insertion of McIntosh Tibial Plateau Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Insertion of Swanson Finger Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tendon Transplants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Carpal Tunnel release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Putti Platt/Bankart Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Spinal Fusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Patellectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heel Cord Lengthening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bunionectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Application of Halo Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Capsularrhaphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Laminectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Repair Hammer Toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Application of Spica Cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Excision of Olecranon Bursa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cup Arthroplasty/Insertion Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Sharrard Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Nailing Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. A-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lottes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Jewett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. K Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Schneider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kuntscher Rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. NEURO	A	B	C
1. Anterior Cervical Fusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laminectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ulna Nerve Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Craniectomy for Decompression Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burrholes for Subdural Hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Meningocele Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Vinke Tong Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Clipping of Intracranial Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Carotid Ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Shunt Procedures; VP/VA/LP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ventriculography Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cranioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Crutchfield Tong Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cervical Sympathectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hypophysectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Craniotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. GYN	A	B	C
1. Hysterectomy, vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hysterectomy, abdominal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Termination of Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Caesarean Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laser Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Marsupialization Bartholin Cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Colpotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Radium Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vaginal Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dilation and Curettage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Vaginectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tubal Ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Marchetti-Marshall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Shirodkar Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Salpingo-Oophorectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. UROLOGICAL	A	B	C
1. Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hypospadias Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Circumcision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Prostatectomy, perineal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prostatectomy, suprapubic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Kidney Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. T.U.R.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Orchiectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ureterolithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pyeloplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Thoracic/Cardiovascular	A	B	C
1. Closed Thoracotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pericardiectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tracheal Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Transthoracic Diaphragmatic Herniorrhaphy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Esophagectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Thoracoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mitral Commissurotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Closure Patent Ductus Arteriosus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Endocardial Pacemaker Implantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Myocardial Pacemaker Implantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Correction Pectus Excavatum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pneumonectomy/Lobectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. First Rib Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Excision Cervical Rib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Revascularization Coronary Arteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Heller Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Resection Coarctation Aorta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Open Heart Procedure/CP Bypass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Septal Defect Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart Valve Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Aortic Femoral Bypass graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Femoral Popliteal Bypass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Aortic Aneurysm w/graft replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Endoscopic Vein Harvesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Cardiac Cath Lab-Intra-Aortic Balloon Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Septal Defects, ASV, VSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Coronary Artery Bypass Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Off Pump Bypass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Vascular	A	B	C
1. Shunts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vena Cava Ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Embolectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Angiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A -V access grafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Peripheral Vascular Bypass Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Thrombectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Endarterectomy; carotid/femoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Resection Carotid Aneurysm with Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Ear, Nose & Throat	A	B	C
1. Luc-Caldwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maxillary Advancement with Hip Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Selective Osteotomy of Maxilla/Mandible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cammendo Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Open Reduction Facial Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Submucosa Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fenestration Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Parotidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Tympanoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Laryngectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Radial Neck Dissection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cleft Lip-Palate Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Myringotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Sinusotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ethmoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Open Reduction Nasal Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Frontal Flap Sinus Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. PE Tueb Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Myringoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Mastoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ranulectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Closed Reduction Nasal Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Nasal Ploypectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Stapedectom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Excision Salivary Gland Tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Open Reduction Tripod Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Glossectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Pharyngeal Flap Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. EYE	A	B	C
1. Pterygium Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Corneal Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ocutome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dacryocystorlfinoctomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enucleation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Repair of Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Orbital Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Phacoemulsifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Repair Orbital Blowout Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Dacryocystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cataract Extraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Recession Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Diathermy Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Iridectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. ORAL	A	B	C
1. Closed reduction facial fractures/wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Extraction of Impacted Molars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Extraction of Deciduous Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Excision Odontoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. PLASTIC			
1. Rhinoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mentoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blepheroptasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reduction Mammoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reconstructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Augmentatio Mammonlastv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPERATING ROOM SKILLS CHECKLIST

7. Otoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cleft-Lip Palate Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Split Thickness Skin Grafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dermabrasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Scar Revisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin Grafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Liposuction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L. Endoscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Gastroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laryngoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Culdoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mediastinoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Laparoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Esophagoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cystoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M. CARDIOVASCULAR RESUSCITATION			
1. Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mouth to Mouth Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ambu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cardiac Compression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N. Trauma			
1. Motor Vehicle Accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Amputations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gunshot/Stab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Burns wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O. INTRAVENOUS THERAPY			
1. Medicut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Jelco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Intracath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Regular Intravenous Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Scalp Vein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P. MISCELLANEOUS EQUIPMENT			
1. Disposable Bovie Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. K-Pad Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pneumatic Tube System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Washer Sterilizer--AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ultrasonic Cleanser--AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Washer Sanitizer--AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flash Autoclave--AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ethylene Oxide Sterilizer--AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Defibrillator-Datascope680 Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. AquamaticK Thermia Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Kiddie PneumaticTourniquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. PortableLight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Vaccum Curettage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Hemokinetitherm-BloodWarmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Eye Magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nitrous Oxide Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Auto Suture, TA 30, Stapling Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Auto Suture, TA 55, Stapling Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Auto Suture, TA 90, Stapling Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Auto Suture, GIA, Stapling Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Pleur-e-vac Units (Disp. Chest Drainage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Vac-pac Positioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Blood Bank Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Emerson-Thoracic Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. PortableCardiac Monitor, Datascope850	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Cry-Ophthalmic Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. AOMI, Fiber Optic Luminator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. PILLING, Fiber Optic Luminator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. OrthopedicArm Board with Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Bovie Electrosurgical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Dual Tract Lights (bulb changing;handles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Kreiselman Resuscitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Steri-vac-nerationCabinet, 3-M, portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Electrodyne-Cardiac Montior & Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Conductomete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. OperatingMicroscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Cell Saver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Defibrillator-Electrodyne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Hall Neurotome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Nesq Graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. OperatingRoom Table, Castle 5 Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Ohio Suction Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Suction Unit, Disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Tele-thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. CompressionSet, Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Smith Cranial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hall Air Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Hall Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chayes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. JordanDay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Dermatome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Cordless Davol Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Padgett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Castroviejo Electro-Kerotome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AGE EXPERIENCE**

Indicate groups in which you have expertise in providing age-appropriate nursing care.	<b>Yes</b>	<b>No</b>
0 – 30 Days	<input type="radio"/>	<input type="radio"/>
30 Days – 1 year	<input type="radio"/>	<input type="radio"/>
1 – 5 years	<input type="radio"/>	<input type="radio"/>
5 -13 years	<input type="radio"/>	<input type="radio"/>
13 – 18 years	<input type="radio"/>	<input type="radio"/>
18 - 39 years	<input type="radio"/>	<input type="radio"/>
39 – 64 years	<input type="radio"/>	<input type="radio"/>
64 years +	<input type="radio"/>	<input type="radio"/>

The information that I have given is acquire and true to the best of my knowledge. I hereby authorize PACE Medical Staffing, Inc. to release same to her client health care facilities.

Signature

Date